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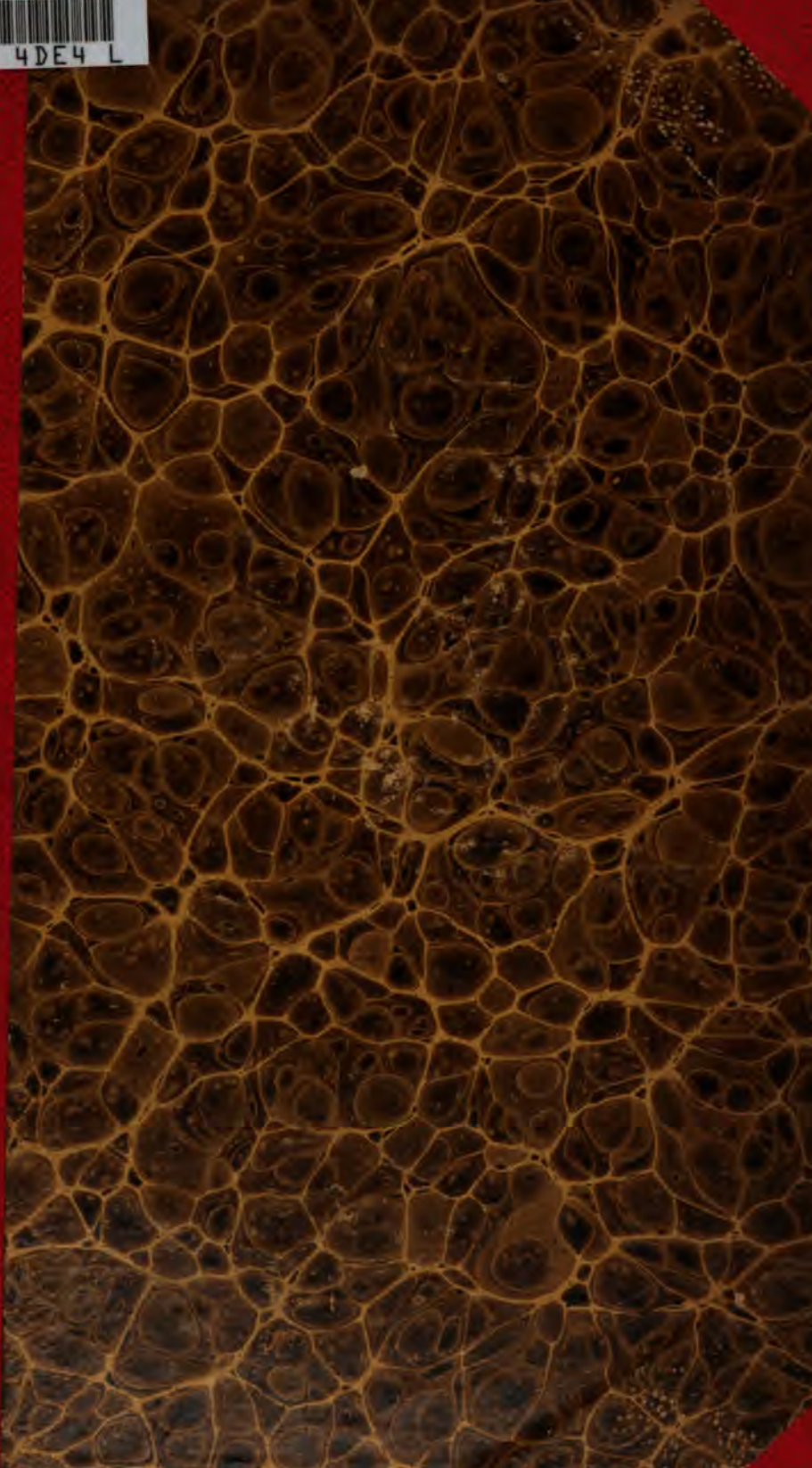
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1882-1883.

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## Original Communications.

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ART. I.—Molar Pregnancy—An Anomalous Case. BY O. E. HERRICK, M. D.,  
54 Monroe Street, Grand Rapids, Michigan.

Several years ago I was consulted by Mrs. D—— for a persistent pain in the head, occasionally attended after three or four hours of severe pain, by paroxysms of frenzy, which would continue from two to twelve or fourteen hours, when they would again gradually subside. These paroxysms were always attended by a feeling of fullness about the head. She stated, upon her first visit to my office, that she was pregnant about four months, and that her headache dated from about the time of conception; she believed that her headache and spasms would kill her if she was allowed to go to full time. I thought that perhaps it was but a *ruse* to get me to produce an abortion, and felt quite sure that such was the case, when she added that she had importuned her usual medical attendant (a reputable physician) to produce an abortion to relieve her, and he had refused, telling her that her headache and paroxysms of frenzy were entirely independent of her pregnancy.

One thing which made me suspect, however, that the case was not a case of ordinary pregnancy, was that she flowed a little at each monthly period and her breasts were flaccid,

although she was a woman of full habit, while she had leucorrhœa almost continuously. I heard nothing further from her until May 2, when I was called in haste to see her. I found her suffering from severe pain in the head, face flushed, and with symptoms of mania well marked, although there were lucid intervals, but upon the return of pain she would again become violent. I gave her 20 grains of chloral hydrate every two hours, and fluid extract of ergot, 15 drops every hour. (I gave the last to lessen the circulation in the brain.) After the third dose of chloral she became quiet, and shortly dropped off into a sleep and slept until about midnight quite naturally, when she awoke; and although she was still delirious was much more quiet than before. She was given another 20 grain dose of chloral, and in about twenty minutes again fell asleep and slept until morning, at which time I saw her again, and found her rational and suffering only slight pain in the head. I then made a vaginal examination and found the uterus enlarged to about the size it should attain at a five months' pregnancy; but instead of having the hard feel of the pregnant uterus it had a flabby, spongy feel; the os was dilated so that it readily admitted the finger, and I found that the neck was occupied by something which appeared to the finger like a piece of placenta. I introduced a gum-elastic catheter into the cavity of the uterus and injected through it with a common bulb syringe about eight ounces of warm water; also continued the ergot. In about three hours I called again and found her flowing quite liberally and undergoing pains at regular intervals. After waiting about an hour, and after a pain of unusual intensity, I made an examination and found laying in the vagina a fleshy, fibrous mass, covered externally by a membrane, which might have been decidua in a natural condition, while the inner surface of the mass was lined by a fine membrane having the usual character of the amnion. After passing the mass her pains suddenly stopped and the flowing was very moderate. I then left her, with instructions to take the ergot at longer intervals, about three hours apart. I called the next morning and found she had passed three more, almost exactly like the first, about two inches in diameter, and she con-

tinued passing them for four days, until she had passed eleven of them, the last three of which I removed with the wire scoop; during all this time her flowing was quite moderate and at no time severe. She made a rapid and good recovery, and has had no return of head symptoms since.

It is not an unusual thing for the uterus to be filled with a large number of vesicles of irregular shape and size in the hydatid form of mole pregnancy. But it is, I believe, an unheard of thing for the variety described above to occur in such numbers and each one entirely distinct from the other. It would seem as though a whole crop of ovules had been blighted and that each one had commenced life with a distinct and separate placenta. Another interesting feature of this case is the neurasthenia. The condition of this patient was exactly the opposite from the conditions of patients said to be suffering from puerperal mania as described by authors upon that subject. She was a robust woman, plethoric and strong, not weakened by hemorrhage or other abnormal discharges, except, perhaps, leucorrhœa, and that had not weakened her, as her circulation was unusually strong during all her trouble. Authorities tell us that the cause of puerperal mania is anæmia, caused by hemorrhage, malignant disease of the uterus, abortion, etc., and is a disease which arises from great exhaustion.

The question I wish to raise is, may it not occur from exactly the opposite condition; instead of the brain being anæmic and not having enough blood supplied it, may it not have too much, as is the case in alcoholism, etc.? I believe both these conditions may produce maniacal excitement, and that one is as likely to produce it as the other, and hence the necessity of recognizing the difference of origin before commencing treatment. Diseases of the uterus of all kinds seem to exert a powerful influence upon the whole nervous system, and the brain being the great nerve center is especially apt to be more or less influenced by any severe or protracted disease of the uterus; it need not necessarily be pregnancy, nor need it occur only after a tedious delivery; but may, and frequently does, occur from any long standing inflammation or congestion of that organ. I have seen it in bad cases of dysmenorrhœa; I have also seen it

as melancholia, in cases of displacements of long standing. We frequently observe it among frail married ladies living with strong vigorous husbands, occurring from excessive coitus. The uterus is kept in a constant state of congestion and the woman is converted into a maniac, and hates the man she should love better than all others, and for no other reason than that her brain is influenced by her much abused uterus. No matter what in each individual case the disease may be called, it is simply mania. The fact that the woman can no longer control her mind is sufficient evidence that she is insane. That point once settled in the mind of the attending physician, he should always look after the state of his patient's uterus. If he finds that she has recently passed through childbirth and is suffering from puerperal fever, he should treat her for that disease. If his patient is in labor and is attacked with violent pain, heat and throbbing of the head, which is greatly increased by her uterine pains, the cerebral excitement becoming intense, followed by furious delirium or convulsions, then he should deliver at once and treat her for ordinary convulsions, which is but another form of this same class of difficulties. If the patient has dysmenorrhœa and loses control of her mind, call it hysteria if you will, but it is uterine mania, just the same. Do not leave her to get well the best she may, but treat her dysmenorrhœa and you will undoubtedly cure her mental difficulty. A patient with displaced uterus should have it replaced and retained there after some common sense method. If the woman's husband is the cause of her trouble, either send him or her on a visit and her peculiar form of insanity will probably vanish. In short, treat each individual case and ignore the classes.

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ART. II.—Clinical Contributions to Electrical Therapeutics. PAPER No. VI.  
By ROMAINE J. CURTISS, M. D., Joliet, Ill.

#### ELECTROLYSIS.

The meaning of electrolysis is decomposition of chemical and morphological structure by the galvanic current. It has been verified by experiment that no animal tissue can resist the disintegrating effect of the negative pole, and

that the rapidity of the disintegration of tissue is in direct ratio to the amount of electric force and to the stability of particular tissues. There is no form of morbid growth, whether bone, cartilage, cellular or fibrous tissue that will not yield to the galvanic current. The importance of this demonstrated fact in relation to tumors, indurations, etc., need not be enlarged upon. The question of galvanism or the knife in the surgery of morbid growth is simply one of convenience, taste or prejudice.

#### TUMORS—WEEPING SINEW.

*Case 1.*—Miss — contracted a “weeping sinew” on the tendon of third extension of thumb from, probably, no severer exercise than piano playing. She had worn lead foil, made into a compress, for some time, and, in fact, was wearing this doubtful ornament when she consulted me. A surgeon’s needle was inserted into the tumor, to which was attached the negative pole, the positive pole—a wet sponge she held in her hand. The force of the current was gradually developed to 60 cells, with diminished intensity, and continued for five minutes. The tumor swelled rapidly by evolution of hydrogen, somewhat to the consternation of the young lady who was watching proceedings with very intense interest. Absorption of the decomposed products was complete three days afterwards, when I met her on the street and she remarked, “my weeping sinew has gone where the woodbine twineth.” I am convinced that the galvanic treatment of this sort of tumor is an advance on the old bibliographical method, and that books can be put to a better use, especially modern works relating to electricity.

#### CYSTIC TUMORS.

*Case 2.*—Mr. — noticed the growth of a tumor situated below the right scapula and took notes of its development with not a little apprehension. When I saw the growth it was of considerable size—about eight inches in its longest circumference. He refused cutting surgery, but consented to the use of the galvanic needle. Three needles, the negative pole, were inserted into the tumor. The needles were not insulated. The positive pole was applied

near the tumor to the surface, and 60 cells were used for ten minutes. A large quantity of the coagulated contents escaped alongside the needles. Patient was requested to call again for another electrolysis in three days, which he did according to appointment, but owing to circumstances over which he had no control he neglected to bring his tumor with him. Electrolysis most effectually destroys the secretory function of the lining membrane of a cystic tumor, and I have never known, in twenty odd such cases on which I have practiced electrolysis, any return of the cyst. This method is far preferable to the knife, as in extirpation all of the cyst membrane must be dissected out.

*Case 3.*—Mrs. —, aged about 30, mother of four children, discovered a tumor in her left breast. She diagnosed a cancer and became greatly alarmed, concluding to meet death without surgery or caustic. I could not persuade her to have the electrolytic needles inserted into the tumor. She became persuaded to allow a current of galvanism from sponge electrodes to be passed through the tumor. This operation was repeated three or four times a week, and in three months the tumor had entirely disappeared.

#### ADENOID TUMOR.

*Case 4.*—Miss —, aged 20, had adenitis (scrofulous) of the cervical glands, resulting in development of tumors. Two of these growths measured each over six inches in longest circumference. They had remained stationary for several months, while she took cod oil, Shaker's iodo. brom. calc. comp., and various other medicines. Electrolysis was employed in this case by using from three to five needles at each time, attached to the negative pole. The tumors gradually disappeared and at the end of three months were gone without suppuration.

*Case 5.*—Mrs. —, aged 40, multipara, had scrofula resulting in several adenoid tumors. Electrolysis was used as before with the result that the glands suppurated or broke down into a condition of more stable structure morphologically. The treatment was continued in this case about two months. In these cases a notable difference

in results of electrolysis occurred, depending upon whether insulated needles were used or not. When insulated needles were used and the skin protected no discharge of decomposed matter would occur, but if the common needles were used a discharge occurred alongside the needles during the passage of the current and following it. I have learned that in tumors as cysts, and in exudations and effusions containing albumen, that insulated needles are preferable—the coagulated contents being readily absorbed; but in scrofulous and malignant growths the common needles for obvious reasons are preferable.

#### ENCEPHALOMA.

*Case 6.*—Mr. —, aged about 50, discovered a small tumor on top of his shoulder, about the middle of the length of the clavicle and just above. In six weeks the tumor was as large as a pint cup, and was removed by an amateur surgeon who called it “one of them wen tumors.” In two months the tumor was as large as ever and I was consulted. The patient was discouraged with surgery, and I could give him no encouragement from any treatment. He was entirely unaware of the gravity of his disease and was astounded at the diagnosis of cancer. By way of experiment I electrolysed the tumor. In this operation two needles, not insulated, were inserted near the top of the tumor, to which was attached the positive pole, and three needles through the base being the negative. The current from 80 cells was passed for half an hour, during which time the discharge of half the tumor alongside the needles occurred. The discharge was of course the product of electro-chemical decomposition of the tissue and was a creamy colored, semi-fluid substance, frothy by reason of contained hydrogen. These electrolytic treatments were repeated once a week for several weeks, the electrolytic effect being the same each time, and at the end of this time the tumor was smaller than when the treatment was begun. Electrolysis I found will destroy an encephaloid just about as fast as it grows. The patient, poor fellow, became nearly insane over his cancer, visited Chicago and spent a day consulting physicians, even visiting the shining lights of homœopathy and the surgeons, who advised

him that as electricity appeared to be a benefit to continue it. When he returned, however, he was directed by a lay apostle of stupidity to a notorious cancer quack, whose patient he became. (What a blessing it is to have the assurance of authority that there are only "four" cancer doctors left in the state.) The cancer doctor applied an arsenic paste, which was followed by violent inflammation and gangrene of the arm, and the patient lived only a few weeks.

*Case 7.*—W. M——, socially a "bad egg," had a tumor situated on his face below the right eye, and close beside the alæ of the nose. The appearance of the tumor was like a finger growing from the face. It was about the diameter of the ordinary ring finger, and about an inch and a half in length. He stated that the growth had occurred in about six weeks' time; that he had consulted several surgeons who shook their heads at it, and one of them had applied nitric acid to the tumor with the effect of "putting a head on it." I could not believe from evidence that this growth was a cyst. I inserted five needles around and deeply below the base of the growth and one through the apex. The current of 80 cells, resisted by 6,000 units, was gradually turned on and the decomposed mass poured out. The patient wore a cinder in the place of the tumor for about a week, when it dropped off, disclosing a deep cavity filling with granulations. After six months there is no further return of the growth. This patient was prejudiced against cutting surgery.

#### ERECTILE TUMORS.

*Case 8.*—Mr ——, aged about 40, had a tumor of his right ear which I thought was a polypus and attempted to snare it, and later to twist it with forceps. On further inquiry I learned that the growth had been there several years, and that at times it would disappear and at other times fill the meatus full and protrude from it. The nature of the thing finally dawned on my mind and I inserted a needle deeply into the growth, attached the negative pole and placed the positive behind the ear. The patient could endure but 20 cells, the current from which was used about fifteen minutes when the tumor disappeared and never returned.

*Case 9.*—Mrs. —, aged about 36 years, had a tumor similar to the previous case. I treated it the same way three times in three days, without effect, greatly to my surprise. After the last ineffectual electrolytic treatment I injected the tumor with ergot. The patient did not return and I heard afterwards that the tumor disappeared. A day or so after this failure I learned the cause of it. I had used the battery with which this operation was made almost daily for five years, and yet when I treated this patient I mistook the negative and positive binding posts, using the positive pole instead of the negative. Some mysterious commutator had reversed my conception of the compass relating to the accessories of the battery and held me there for three days, when the mental current was again reversed. Since that time, mindful of my own failings, I have marked the binding posts.

#### FIBROID TUMORS.

*Case 10.*—Mrs. —, aged 38 years, sterile, and married about 16 years. This lady is portly, weight about 200 pounds, has always been generally healthy until about five years ago when she began to have pelvic symptoms—she had pain and her flow increased during menstruation. In time she had leucorrhœa, the character of the discharge being irritating and exciting pruritus. About a year ago she decided to have her source of troubles inspected. To my surprise on making digital examination I found the cervix enlarged, the tactile sensation being like that afforded by the foetal head when felt through the cervical walls. The os was rigidly closed. By bimanual examination the uterus was found to be proportionately enlarged. No foetal bruit could be heard, nor were there objective signs of pregnancy; though when the subject was mentioned patient declared she could feel “motion.” Remembering somebody’s adage that when a woman has enlargement of the uterus and is living with her husband the chances are she is pregnant, I waited three months and made another examination with similar results. During this time patient menstruated regularly. I now introduced a sound and found depth of uterus to be seven and a half inches. Some

further time was spent in examinations, when I determined the disease to be a submucous fibroid. Squibb's ergot was prescribed and the galvanic current passed through the tumor, the negative applied to the cervix and positive to the abdomen. After three months of this treatment, the electricity being applied three times a week, and ergot being taken in doses of twenty drops three times a day, the size of the uterus was decreased by measure with the sound to four inches. The amount of menstrual discharge was notably lessened. The treatment of this patient is continued with the expectation of a final cure.

*Case 11.*—Mrs. —, aged 30, primipara, has complained of uterine symptoms since birth of her child, which at the time I saw her, was twelve years old. She had leucorrhœa, excessive flow during menstruation, and the subjective pains and distress of uterine disease. By digital manipulation I diagnosed retroversion and applied a pessary after repositing the uterus as I supposed. She was not relieved, and I found by introduction of the sound that I was in error about the retroversion and that the patient had a small submucous fibroid, situated in posterior wall of the uterus. The tumor occupied the cavity of the sacrum, and the sound when introduced took the normal direction. The treatment of this case was by ergot and galvanism, was continued for six months and was successful.

#### ULCERS.

*Case 12.*—Mr. —, aged 60 years, a feeble "neurasthenic" subject, had an ulcer on his leg—anterior surface, which had annoyed him several years. He had no varicose veins or history of venereal disease. He had been treated by black wash, iodoform, adhesive straps, and rubber bandage, without success. A piece of thin silver was cut to fit the ulcer, a silver wire about three inches long was attached to the plate, and extending upwards was attached to a zinc plate which was wrapped in chamois skin. This machine was bandaged to the leg and left in place for 36 hours, the chamois skin being kept wet with vinegar. On removal the ulcer was found filled with granulations, and was soon entirely healed.

*Case 13.*—Mrs. —, aged about 35 years, had an ulcer or ulcers situated on her back between and extending partly over both scapulæ, which, she stated, had existed for 15 years. They would occasionally partly heal up, but were generally scabbed over. She had never felt much itching or pain, except just before a fresh outbreak of the disease, which she could always foretell by local sensations. The scabs were thick, set into the skin at their edges and adherent, and were decidedly queer in color. The floor of the ulcer was pale and contained pus. The different portions of the ulcer varied much in depth. The odor was most intense and disagreeable. There was no mistaking the character of the lesion, which, however, was incompatible with the patient's social character and position, or would be, were it not well known that specific danger may lurk even in the "holy kiss." The patient was ordered iodide of potassium and mercury, which she could not take in any dose on account of nasal irritation. She would sneeze several hours after taking three grains of the iodide. To experiment I tried the effect of galvanism, applying the negative pole—a wet sponge to the floor of the ulcer, the positive over the healthy skin. Patient could only endure the current from ten cells—with greatly lessened tension. Applications were made in this manner for several weeks, every other day, with no beneficial effect, when without any expectation of accomplishing good I applied the positive pole to the ulcer. The effect was magical, for after six applications of the current in this manner the ulcer entirely healed. The patient in a short time gained thirty or forty pounds in weight, and was a subject of much wondering speculation among her friends. I will mention here that I have used galvanism in perhaps fifty cases of buboes always with satisfactory effect. Patients are often worried and physicians perplexed by buboes which remain large, hard and permanent, will neither disappear nor suppurate. The negative pole makes very short work of this sort of bubo. I have never seen one withstand more than six applications without breaking down. In indolent suppurating buboes I prefer the positive pole of the galvanic current to any other remedy known to me.

## ART. III.—Remarks on Abscesses of the Perinæum and Ischio-Rectal Region.

By ROBERT ROSKOTEN, M. D., Peoria. Read before the Dickinson Club.

The protected location of the perinæum explains the infrequent occurrence of traumatic injuries of this region, but its intricate structure and liability to become involved in affections of adjacent organs make its close study imperative. Topographically speaking the perinæum in the male comprises all the structures intervening between the pubic arch in front, the rami of the pubes and ischia laterally and a line drawn transversally between the tuberosities of the ischia in front of the arms, while the ischio-rectal region extends backwards as far as the tip of the coccyx and contains the termination of the rectum. I will refrain from describing all the minutiae of the anatomical structure which, in our student days, were so indelibly impressed on our memories, but would only recall your attention to the arrangement of the fasciæ, the knowledge of which will enable us to understand some otherwise obscure phenomena connected with some affections of this region.

The superficial fascia is divisible into two layers, of which the external is thick, contains a large quantity of fat and is continuous with the corresponding fascia investing the thigh, nates and abdominal walls, and with the areolar tissue around the anus. The deep layer of the superficial fascia which is designated as the "superficial perinæal fascia" is of an aponeurotic character, thin and strong, binding down the muscles of the root of the penis, continuous with the dartos of the scrotum, attached laterally to the rami of the pubes and ischia as far as the tubera ischii, while posteriorly it curves behind the transversus perinæi muscles and becomes attached to the margin of the deep perinæal fascia. After removing this fascia three pairs of muscles are exposed to view, forming the boundaries of two triangles; the accelerator urinæ uniting with its fellow of the opposite side in a median raphe to encircle the bulb and part of the urethra anterior to it—the erector penis on each side and the transversus perinæi posteriorly. The floor of the two triangles thus bounded is formed by the deep perinæal fascia; it contains the super-

ficial perinæal vessels and nerves and the transverse perinæal vessels resting on the transverse perinæal muscles. The deep perinæal fascia is triangular in form, attached by its apex to the subpubic ligament and the lower margin of the symphysis pubis, laterally to the pubic and ischiadic rami internal to the attachment of the superficial perinæal fascia, while inferiorly (posteriorly) it curls forwards to become continuous with the deep layer of the superficial fascia. It consists of two layers which are united below, but separated above. It is perforated by the urethra an inch below the symphysis; above this orifice by the dorsal vein of the penis and on each side by the internal pubic artery and nerve. The anterior layer is continued upon the bulb of the urethra, while the posterior layer spreads out over the prostate gland. Between these layers are found the membranous portion of the urethra, the urethral muscles, Cowper's glands and numerous vessels and nerves.

Abscesses in the proximity of and more or less intimately connected with the rectum are liable to occur in both sexes, while those resulting from diseases of the urinary passages are almost exclusively limited to the male sex.

Perinæal abscesses are either primary or secondary. The former are sometimes the result of a contusion suffered while riding on horseback, of a fall upon a projecting body, of a kick, or of the pressure by the head of the child during labor, even without rupture of the perinæum, or they originate from constitutional diseases such as phlegmonous erysipelas.

Secondary abscesses are connected with the pathological processes of adjacent parts. Diseases of the rectum frequently give rise to abscesses in the surrounding tissues, while those of the latter in almost every instance terminate in fistula of the former. But in the great majority of cases perinæal abscesses are developed from diseases of the urinary passages. Among the most fruitful causes are infiltration of urine in rupture of the urethra consequent on stricture, in perforation from other causes, for example: False passages made by the unskilful use of instruments.

As the follicles are arranged in such a manner that their orifices have a direction forwards, it is obvious that in urethritis, when their mouths are widely open, affording a resistance supposed to be due to a slight stricture only, a catheter can easily pass through them, into and through their dilated cavities and thus deceive the introducer as to the course the instrument has taken. The softened follicles, surrounded by loose tissue, readily give way and thus the mischief is done. Inflammation of one or both Cowper's glands, with suppuration following, may also result in an abscess of the perinæum. A periprostatic abscess usually opens into the rectum, but in some instances the matter finds its exit through the perinæum. Small abscesses around the anus are frequently noticed in the vicinity of hemorrhoids. They are of little importance and will heal spontaneously with cleanliness and under the use of mild applications. Ordinary boils or furuncles may occur in this locality, give rise to great distress and are to be treated on general principles.

With a view to avoid suppuration which frequently follows contusions from horseback riding, an antiphlogistic treatment should be initiated at once; leeches and the application of subacetate of lead, properly diluted, will answer this purpose.

Erysipelatous phlegmon exhibits a hard and painful swelling, very slow in suppurating. Though sedative poultices containing narcotics, *f. i.*, poppy-head, hyoscyamus, etc., will allay the suffering, yet it is better to relieve the tension early, by a large and deep incision, to evacuate any pus or mortified tissue that may be present, and to accelerate the unavoidable suppuration—the same reasons which prompt us to make an early crucial incision in a carbuncle. Suppuration around the rectum occasionally reaches such an extent that the denuded gut hangs free in the cavity of the abscess, bathed in pus. To obviate the imminent danger of perforation of the rectum, our aim should be to secure early firm granulations by giving free exit to the pus, by keeping the cavity open by lint or wax-tents, and by stimulating applications in the shape of injections or sitz baths, etc.

If a fistula has been established it requires the usual operation. It should be remembered that suppuration in these parts have a decidedly depressing effect on the whole system and that, therefore, a course of tonic treatment is demanded. As already stated, infiltration of urine after perforation of the urethra, is the most frequent cause of perinæal abscesses. It is evident that the portion of the canal immediately behind the obstruction becomes greatly distended and while the membranous part affords the least resistance, it is the first to give way before the pressure. In the beginning only a slight fissure is formed, through which a small quantity of urine oozes out. The escaped urine immediately sets up a violent inflammation, rapidly followed by mortification, by which the rent is enlarged. The contraction of the hypertrophied bladder now forces larger quantities of putrid and decomposing urine through the opening into the surrounding areolar tissue, the fluid making its way forwards through the anterior layer of the triangular ligament beneath the deep layer of the superficial fascia, ascending upon the external organs of generation, the groin and anterior wall of the abdomen. The extravasated urine can neither gravitate backwards towards the rectum, nor laterally into the thighs, being confined by the attachments of the superficial perinæal fascia. In rare instances the latter gives way and infiltration of the ischio-rectal region and the thighs, with extensive mortification, is the result, whereby the rectum may become denuded to the extent of several inches. Unhealthy suppuration is excited and we have a large irregular abscess containing a mixture of acrid, decomposed urine, fetid pus and sphacelated areolar tissue. When the escape occurs deeply between the two layers of the triangular ligament, patient feels relieved for a moment, but soon complains of a burning, throbbing pain in the perinæum. Fluctuation as well as a tumor can not as yet be detected, the urine being compressed or bound down by the superficial perinæal fascia. Gradually, however, it makes its way forward into the scrotum, which becomes greatly distended and soon shows all the signs of violent inflammation, followed by gangrene of the skin and underlying tissues, by which

the testicles even may be laid bare. If the urethra is ruptured immediately in front of the anterior layer of the deep perinæal fascia, swelling and the signs of inflammation *rapidly* become manifest, while the course the urine follows is the same as in the former case.

There is still another form of abscess which begins like the former, but differs from it in its subsequent history. In this form, from any cause, a few drops of urine escape, around which a capsule of plastic lymph is formed. Suppuration soon supervenes and an abscess of comparatively small size is produced, which ultimately points in the perinæum. It communicates with the urethra and, therefore, becomes a urinary fistula. As soon as such an abscess is diagnosed it should be opened freely, lest the barrier be broken down and extravasation of urine with its more dangerous results occur.

The same applies to all abscesses connected with the urinary passages. The opening into the urethra is best made upon a grooved sound. A soft catheter should next be introduced and retained in situ to keep the bladder empty. A cardinal indication is to secure the evacuation of the irritating fluid, wherever it is accessible. Of course the discussion of urethral stricture in all its aspects and its treatment lies beyond the object of this paper.

In conclusion, I may be permitted to append the history of a singular case of perinæal abscess, or rather, fistula. It is well known that abscesses of the greater labia in newly married women are not uncommon. Prompted by motives of undue modesty they rarely consult a physician early. The abscess opens spontaneously and discharges a quantity of sanious pus, but rarely in a position, nor with an opening large enough to secure a complete evacuation; consequently the pus burrows back to the posterior commissure, forming a fistula. But in my patient the pus, singularly enough, had gravitated towards the anus, forming a considerable tumor; when pressed upon a large quantity of matter welled out from the opening in the labium. I would be glad to have this uncommon direction of the burrowing accounted for. It is scarcely necessary to say that the whole track had to be laid open, before recovery could be started.

ART. IV.—*Necessity for Change in Medical Legislation.* Paper read before the Vermilion County Medical Society. By R. B. RAY, M. D., Fairmount, Ill.

*Mr. President and Members of the Society:*

Having been notified by letter from our worthy secretary, dated March 24, that the committee of arrangements would expect me to present some thoughts for the consideration of the society, touching a medico-legal question (which, allow me to say, has hitherto been entirely neglected by this society and, so far as I know, by the medical organizations of this state generally).

I will, therefore, ask your indulgence for a very short time, that I may present for your consideration what seems to me to be some existing evils which should be removed so far as possible. But first, let me preface what I wish to say, by mentioning some of the demands made upon us. It would be superfluous in me at this time to more than touch upon the arduous labor performed by the physician. You are all, unless I except our junior members, sufficiently informed on this subject. Public sentiment and past usage demand of us as a profession that we contribute freely to all charities, to all benevolent institutions; that we treat largely the poor gratuitously, furnishing medicine in most cases, which to us is cash, and boarding ourselves. This demand, I need not say, does not exist to any considerable extent in any avocation except that of the physician. As a profession we forego largely the enjoyments and pleasures of society, by reason of professional engagements; holding ourselves in readiness at all hours to answer professional calls by day or by night, being expected to administer to rich and to poor alike, not unfrequently giving our best energies and talents to a non-paying patient, who often pays us off in frequent installments of curses, adding where opportunity offers, where he can most injure you privately and professionally, that you are an unprincipled quack, etc., and in some cases extorting money from you in courts of law for pretended malpractice. Health and comfort are as sweet to us as they are to others. Ours is a profession of exposure, fatigue and danger. We are called from warm beds and comfortable rooms into the bleak, wintry storms, subjecting ourselves to interrupted rest and meals while

others are quietly resting at home in security and comfort. Not only this, but we are expected, while others flee away, to stand in the front ranks, battling against the onward deadly march of epidemics thus exposing selves and families to their blighting poison. A passive indifference on our part, pertaining to pecuniary remuneration, has led many to believe that ours is a work of charity only. I am selfish enough to think that we, as well as others, should be paid for our labor. Men and women of other avocations exact this, and are we less worthy than they, that we should be deprived of our fees, or is our labor less? It is doubtless true that our yearly income is growing less each year from losses by non-paying patients and from contiguous rivals. Not only this, our expenses of living have greatly increased, while our fees have remained much the same. Other branches of business demand almost exclusively cash, while ours is one of credit, thus subjecting us to great losses. We must go, pay or no pay, or be severely censured by the public for refusing, while no thought of censure rests on the merchant or druggist who refuses to trust the same persons for goods from his store. The men who are uncharitable enough to censure us would not, at the same time, credit a non-paying customer for a nickel. Can we devise remedies that will meet our just demands and give us what belongs to us? Promises, fee-bills and other obligations have been adopted from time to time, but as often have they been violated by the unscrupulous. Then, when we remember that we are only a branch of the great whole and until entire co-operation be affected no lasting benefit can be obtained. To bring members of other schools into our societies, or us into theirs, would be an incompatibility such as could not be hoped for, and by many not desired, owing to the many incongruities existing. But in financial legislation we could agree, for in this we are mutually interested.

Members of this society, legislation has thus far left us helpless as a profession, yet exacting much from us. What I ask is that existing laws be so modified as to give us our hard-earned fees, as it gives the day laborer his with no exemption. The constitution of the state demands that

we pass liberal exemption laws. If we must have such laws let us have them, but not four hundred dollars of personal property exempt from execution, and beside this a homestead worth one thousand dollars, with a recent construction such that a man can go out of the state with all this, and if he gets into the happy land of Kansas, the debt is paid in three years by statute of limitation. By reason of these existing laws twenty-five per cent. of our patronage beome legally non-paying. These laws, gentlemen, were no doubt intended to protect the honest poor, but alas, they reward dishonesty and are an incentive to crime. It is the conviction of my mind, that unless our laws are changed in this respect, ultimately the better class of physicians must give up the field to those less worthy. If a man takes my labor and my money I want no law for him to stand behind, but let him pay me, and the same if I owe him. I want the poor to have the best medical treatment the country can afford. I am in favor of, outside of townships where there are county houses, letting the poor select their physician, as they do who pay, and not subject them to the services of whoever the supervisors may wish to employ through political influences. Let the county pay a reasonable compensation, as it does for the unfortunate poor who secure merchandise at county expense. Be it said in honor of our profession, that the deserving poor will find in us as a class, the hand of charity extended to them to compare favorably with any other class of our fellow citizens. In acts of kindness, benevolence and charity no men give more freely and liberally than doctors. Since we have a board of health deriving their powers from the legislature of the state, and since sanitary laws will have to be enacted, protecting the people against epidemic influences, should we not have a good representation from our profession? I do not call to mind a single case from our ranks, since the time when our now venerable and honored Doctor Fithian represented us in the state senate. They have been chosen entirely from the ranks of other pursuits.

Gentlemen, last but not least, laws should be passed providing for the improvement of our highways. The

subject of making good roads and thorough drainage should elicit our earnest consideration, both for health and comfort. None should be more interested in this than the physician, especially the country doctor who, as you know, has to ride through mud and mire from four to six months in the year, to see his patients.

Finally, the increase in foreign population is such that to prevent the spread of epidemics, of which we have had so sad experience within the last few months, and to protect our homes and firesides we need protective laws. These we cannot fully have without legislation from men who understand the demands of our state in this direction. If this be obtainable, which I believe it is, let us work to this end. This cannot, perhaps, be done in a year, but the foundation can be laid that will give equity, justice and protection in the end.

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ART. V.—Acute Nephritis Following Scarletina.—By F. E. SHERMAN, M. D., Chicago, Ill.

Karl F—, aet. 12. German, nervous temperament, recovering from scarletina, was suddenly taken with suppression of the urine and general dropsy followed. He had been attended by an *homunculus*, who, upon the confirmation of the above mentioned symptoms, abandoned the case. I was consulted and upon examination found the subject in the following condition: Pulse 95, temperature 103 F., respiration hurried, anorexia, countenance pale. Examination of the lungs revealed moist rales. The urine very scanty and heavily loaded with albumen, with occasional casts visible under the microscope. Abdomen tense and evidently containing liquid. Scrotum and penis more resembling a large bladder, with a small bladder attachment, than anything else. Lower extremities swollen almost to bursting. I at once ordered the warm bath followed by hot blankets, giving medium liberal doses of bi-tartrate of potash, with an obligato accompaniment of jalap. Free diaphoresis was induced, followed by copious watery dejections which, in the course of a few days, resulted in a complete restoration of the above mentioned

parts, excepting the abdomen which, like Banquo's ghost, "would not down." I then determined upon paracentesis abdominis, putting the patient upon quinine, syr. ferri. iodidi and wine, with good nourishment. The operation yielded some twelve quarts of albuminous fluid which, in a few days reaccumulated, when tapping was again resorted to with a similar result. Once more I operated, and then left him to recover or die, not calling for eight days. At the end of this time I was hurriedly summoned with the intelligence that the boy was dying. I found him delirious, blind, with the same moist rales in the lungs and the peritoneal cavity fully distended. I suggested another paracentesis in despair, which was reluctantly permitted, and the patient fainted as the trocar was introduced. The following day I saw him again. He was rational, could see and the opening in the abdomen remained pervious, allowing the fluid to escape drop by drop. From this time he steadily improved, the unpleasant symptoms never returning. Gradually the discharge ceased, and a month after I saw him hoeing in his father's corn field well and hearty. The pathology of croupous nephritis is so well known that comment upon that score is scarcely necessary. The treatment is, perhaps, open to criticism, although the patient recovered.

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ART. VI.—*Practical Hints from Every Day Practice.*—By O. B. WILL, M. D.,  
Dunlap, Ill.

It never fails to be suggestive and profitable for the general practitioner to make a note of his various empirical experiences in the practice of his profession. I have done so for several years, and often find my notebook to be of as great value to me for reference as are the most pretentious volumes on my library shelves. The amount of labor incurred in keeping such record is very trivial indeed, when compared with the advantages which accrue therefrom.

To indicate somewhat the character of the memoranda to which I refer, and the quiet value which they possess for the thoughtful practitioner, I take the liberty to repro-

duce some of them for the consideration of the reader. It is true that some of the observations made may, at first sight, seem to be of but little practical importance, but I have found during a pretty extensive practice, that matters of apparently trifling consequence sometimes prove the most annoying which we encounter in the pursuit of our calling, and that at some time error in diagnosis from a superficial examination, has fallen to the lot of every medical man of my acquaintance.

#### TO KEEP THE HYPODERMIC SYRINGE IN ORDER.

Some months ago I noticed in some periodical, the statement that a few drops of glycerine placed in a hypodermic syringe would prevent, measurably, the shrinkage of the piston packing when the instrument was not in use. I suppose that many physicians have felt the need at times of having such instrument in immediate working order. I know that I had, until I accidentally discovered the good influence of the glycerine in that respect. I have long been in the habit of drawing into the barrel each time after use, a small quantity of a mixture of one part of distilled water to three parts of glycerine, allowing it to remain until the instrument is wanted for use, with the advantage of having it always in a serviceable condition.

#### AN UNEXPECTED RESULT.

A friend who had been quite deaf for about fifteen years, applied to me to attempt something for his relief. He had previously consulted a number of physicians in regard to his condition, and amongst them an aural specialist of no mean reputation, without, however, deriving any benefit from the treatment advised. In order to give me time to look up the literature of the subject, and because the case was a presumably hopeless one, after a very careless examination I prescribed for him the use, twice daily, of an injection into the ear of a liquid consisting of bromide of potassium, two drachms in eight ounces of rose water, to be immediately followed each time by the introduction of four to five drops of a one per cent. solution of carbolic acid in glycerine. In something less than eight weeks the man came to me with the expression of a pro-

fusion of obligations for having completely restored his power of hearing. I never was more surprised in my life. What the exact pathological condition was I know not. There was no discharge from the ear.

#### ELECTRICITY IN THE RELIEF OF PAIN.

A lady came to me complaining of what she denominated rheumatism of the shoulder, of over two years standing, rendering her left arm almost useless. She had made nearly all sorts of applications to the part without avail, and had used much medicine internally for the benefit of the "liver," the latter organ being supposed by some to be the primary seat of the difficulty. After making some fruitless applications in the way of liniments, I came to the conclusion that possibly the case was one of some form of cervico-brachial neuralgia, and for the sake of experiment I would test the influence upon it of a current from a magneto-electric machine which I happened to have at hand. With the handle from the negative pole held in the hand of the afflicted extremity, I passed that, connected with the positive, over the back of the neck and down across the shoulder, back and front. A pretty strong current was used, and after the first sitting, of half an hour's duration, to our astonishment the pain in the shoulder had almost disappeared, and at the end of three days it had disappeared entirely and has never been felt since, now over two years ago. Since that I have had about the same result in three similar cases.

#### WEANING THE CHILD CURED THE CONSUMPTION.

A woman within the bounds of my practice, 32 years of age and mother of four children, the youngest being only five months old, was supposed to be sinking under the insinuating presence of an hereditary tubercular tendency. She suffered from a severe and most distressing cough, with little expectoration, amenable to none of the numerous remedies used; loss of appetite, emaciation and night sweats, in spite of the diligent use of tonics and anti-periodics. It was not considered necessary to wean the babe, as it nursed only twice in the twenty-four hours and the mother desired it to continue. Finally, however, with

the admonition that it would be for the child's benefit, the mother was persuaded to have it kept from the breast. To the astonishment of all, the mother immediately began to improve, lost her cough, gained rapidly in strength and flesh, and is now hearty and well. She used almost nothing in the line of medicine but a tablespoonful of whisky at each meal time.

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ART. VII.—A Case of Pneumo-Hydro-Thorax. By J. A. ROBINSON, A. M., M. D.,  
Physician in charge of the Department of Throat and Chest Diseases, Central Free Dispensary, Chicago, Ill.

GENTLEMEN: In our study of the signs furnished by physical exploration of patients having pulmonary diseases, we have had opportunity to observe how different pathological conditions give rise to the different signs. As yet, we have had no case to illustrate the signs which are present when there is a perforation of the lung, allowing air to enter the pleural cavity, causing pneumo-thorax, or, as more frequently termed, pneumo-hydro-thorax. To-day I bring before you a patient having pneumo-hydro-thorax. But let us first recite briefly the history of this case:

The patient, Niels N——, a Norwegian, aet. about 30, a hostler, has been in ill health for several months. He has gradually become emaciated, has a poor appetite and a distressing cough. He has been expectorating a thick, nummular sputa for some months.

About two months ago he was seized with chills and fever, which lasted about three weeks. His cough became more distressing and violent, causing him to lose much sleep and to impair his appetite. You see now his emaciated condition.

Three weeks ago the following signs were elicited upon physical exploration: loss of motion on the right side, increased vocal fremitus, dullness on percussion anteriorly from the second to the sixth rib, extending behind from the spine of the scapula to the seventh rib. Numerous subcrepitant rales, with bronchial breathing, were heard over the area of dullness, with exaggerated respiratory murmur over the left side. No cavernous or amphoric

breathing was perceptible. Last night he was attacked with a violent fit of coughing, accompanied by a severe stitch pain in the right side. Notwithstanding he took anodynes the cough continued all night, together with a sense of suffocation.

Now let us study this case together. By inspection you observe the emaciation, his excitability, being in a semi-delirious condition, and his extreme feebleness as evidenced by the tattoo played upon his teeth as he endeavors to drink from a glass. You notice the loss of motion on the right side, with increased movement of the left; the bulging of the right side and the position of the apex beat of the heart in the fifth inter-costal space, one-half an inch to the left of the linea mamillæ.

By placing your hands on either side of the thorax you notice the absence of vocal fremitus on the right side, with loss of motion.

By percussing in the right infraclavicular region you get vesiculo-tympanitic resonance, but when you percuss below this line, drawn diagonally downwards and backwards from the second costal cartilage to the eighth dorsal vertebra, you get an intense, pure tympanitic resonance, such as you get by percussing over a dilated colon. Over the lower portion of the pleural cavity we get flatness, but as this is over the region of the liver we can not say certainly that it is due to effusion, but will investigate further to see if we find any evidence of liquid being in the pleural cavity.

By auscultation we find on the left side an exaggerated respiratory murmur; on the left, above the diagonal line mentioned, we get broncho-vesicular breathing, with moist rales. Below this line cannot distinctly hear any respiratory sound, but we do hear very distinctly with the respiratory movements metallic tinkling, the metallic sounds caused by the dropping of liquid into a cavity containing fluid and air. Thus we are enabled to say the pleural cavity contains liquid as well as air.

This we can also demonstrate by succussion. Place your ear on the right side and shake the patient and you hear a splashing sound. Hence, you see, we can demon-

strate the presence of air and liquid in the right pleural cavity, while the lung is collapsed, being pressed upwards and backwards.

*Post-mortem.*—The patient above referred to lived only fifteen hours after he was shown to the class. Upon examination the following was found:

Cutting through the cartilages of the ribs of the right side, there was a sudden escape of air. The lung was collapsed to its utmost extent considering the amount of tuberculous deposit which was found in it. It was pressed upwards and backwards. The pleural cavity contained about thirty ounces of serous fluid, in which were flocculi of degenerated lung tissue and pus. At a point in the lung, corresponding with a point in the fifth inter-costal space, midway between the linea mamillæ and the middle of the rib, was a cavity in the lung, with a perforation about an inch in length. The cavity was about the size of a walnut and communicated freely with the bronchioles. An inch anteriorly and downwards was a second perforation, through which a silver probe could be passed. The lower and upper lobes of the lung were filled with a cheesy tubercular deposit. The heart was normal, although displaced to the left.

This case is interesting because occurring on the right side and in a tuberculous patient, such cases being rare.

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### Book Notices.

**Materia Medica and Therapeutics—Inorganic Substances.** By C. D. F. PHILLIPS, M. D., Member Royal College Physicians, Lecturer on Materia Medica, etc., etc. Edited and adapted to the U. S. Pharmacopœia by LAWRENCE JOHNSON, A. M., M. D. Vol. I.: Cloth; 8vo; pp. 298. New York: Wm. Wood & Co.

This is the concluding part of Dr. Phillips' great work on Materia Medica and Therapeutics, the first part of which, the "Vegetable Kingdom," edited by Dr. Piffard, was published by this house in 1879.

The author devotes considerable space to pharmaceutical chemistry in connection with each substance, and this, we are sure, will be found one of the pleasing features

of the work, and one that will make it of great value to the student and practitioner. The physiological action of medicines is considered necessary in any modern work upon this subject, and Dr. Phillips has collected all the facts upon this point that are at all worthy of attention. Perhaps we can better illustrate his method by transcribing from the table of contents a single remedy, for example, under "Compounds of Iodine:"

1, "Absorption and Elimination; 2, Physiological Action, External-Internal; 3, Iodiosyncrasy—Toleration; 4, Incompatibles; 5, Therapeutical Action, External-Internal; 6, Preparations and Doses," and the same method is preserved in the treatment of each remedy.

The chapters on Water, Sea-bathing and Mineral Waters and Baths, are among the most interesting in the work, and are very full and complete.

This work illustrates, by its frequent quotations, the great extent to which medical book-writers are indebted to the journals. We are glad to notice that the metric system is not employed in the book.

**A Revised and Enlarged Edition of Clark's New System of Electrical Medication.** By A. W. TITTON, M. D., Jacksonville, Ill. Printed by C. J. Johnson & Co., Chicago. 8vo; Cloth; pp. 256.

The status of electricity as a therapeutic agent is by no means fairly determined, consequently any work that pretends to lay down fixed and certain rules for its use, must be largely empirical. The number of recorded observations, although seemingly numerous, are yet too few for a wide and accurately founded generalization. Still we are by no means prejudiced against any theory of electrical medication that may be advanced, and are always glad to read anything that may tend to throw light upon the subject. We have read this work with much interest, and while not convinced that the author has solved the problem of its mysterious action and wonderful power, we have been interested by the close reasoning manifested throughout the preliminary chapters. The whole book is interesting reading, and no one will regret the time spent in its perusal. Typographically the book presents a fine appearance and is first-class in every respect. We believe the book will meet with a wide sale.

**Pamphlets.**

MORAL (Affective) INSANITY. A Plea for its retention in Medical Nomenclature. BY C. H. HUGHES, M. D., St. Louis, Mo.

"RANDE" (Charles C. Scott)—A MEDICO-LEGAL RECORD. By the same author. Reprint from the *Alienist and Neurologist*.

PREVENTION AND CONTROL OF SMALL-POX. BY E. FOSTER, M. D., President Board of Health, Augusta, Ga. Reprint from *Atlanta Medical Register*.

**Society Transactions.****American Medical Association.**

The thirty-third annual session will be held in St. Paul, Minn., on June 6, 7, 8, 9, 1882, commencing Tuesday the 6th, at 11 A. M. The following list of officers of sections may be found useful as reference:

*Section on Practice of Medicine*—Chairman, Dr. J. A. Ochterlony, Kentucky; Secretary, Dr. Deering J. Roberts, Tennessee.

*Section on Surgery and Anatomy*—Chairman, Dr. J. C. Hughes,\* Iowa; Secretary, Dr. William A. Byrd, Illinois.

*Section on Obstetrics*—Chairman, Dr. H. O. Marcy, Massachusetts; Secretary, Dr. C. V. Mottram, Kansas.

*Section on Medical Jurisprudence and State Medicine*—Chairman, A. L. Gihon, Washington, D. C.; Secretary, Dr. J. H. Sears, Texas.

*Ophthalmology, Otology and Laryngology*—Chairman, Dr. D. B. St. John Roosa, New York; Secretary, J. Solis Cohen, Philadelphia, Pa.

*Diseases of Children*—Chairman, S. C. Busey, Washington, D. C.; Secretary, Dr. William Lee, Baltimore, Md.

*Dentistry*—Chairman, Dr. D. H. Goodwillie, New York; Secretary, Dr. P. W. Brophy, Illinois.

*Judicial Council*—Dr. S. N. Benham, Pennsylvania; J. M. Toner, Washington, D. C.; D. A. Linthicum, Arkansas; William Brodie, Michigan; H. S. Holton, Vermont; A. B. Sloan, Missouri; R. Beverley, California.

*Committee on Arrangements*—Dr. A. J. Stone, St. Paul, Minn., Chairman.

\*Deceased.

**Ethical Resolutions Passed by the St. Louis Medical Society.**

The following resolutions were adopted by the St. Louis Medical Society April 1st, 1882:

*Resolved*, That the St. Louis Medical Society, while it desires to accord the broadest freedom to medical investigations and recognizes fully the right of individuals to form and hold private opinions, hereby declares that it regards with disfavor any steps taken to lessen or obliterate the distinctions and safeguards between an honorable practice of medicine founded upon science and that founded upon any of the current delusions and exclusive medical systems of the day.

*Resolved*, That a copy of this resolution be forwarded by the Corresponding Secretary to the New York State Medical Society, to the Permanent Secretary of the American Medical Association, and to several specified medical journals.

WM. DICKINSON, M. D.,

A. H. OHMANN-DUMESNIL, M. D.,

*President.*

*Recording Secretary.*

**De Witt County Medical Society.**

At the annual meeting of this society at the office of Dr. J. M. Wilcox, in the City of Clinton, on the 11th day of April, 1882, the following officers were elected for the ensuing year:

President—John Wright, M. D.

Vice President—J. M. Wilcox, M. D.

Secretary and Treasurer—C. Goodbrake, M. D.

Censors—W. H. Kirby, M. D.; J. J. Starkey, M. D., and J. A. Edmiston, M. D.

Delegates to the Illinois State Medical Society—J. H. Potter, M. D.; W. H. Kirby, M. D., and J. D. Gardiner, M. D.

Delegates to the American Medical Association—John Wright, M. D., and A. W. Edmiston, M. D.

C. GOODBRAKE, M. D., *Secretary.*

**Peoria City Medical Society.**

The following delegates were chosen to represent this Society at Quincy and St. Paul:

To the American Medical Association—Drs. H. Steele and J. Stout.

To the State Medical Society—Drs. John Murphy, O. B. Will, J. S. Miller and T. M. McIlvaine.

At a meeting of the Peoria City Medical Society, held on Tuesday, May 2d, 1882, the following preamble and resolutions were unanimously adopted:

WHEREAS, We have learned with unfeigned regret of the sudden demise of Doctor Hodgen, of St. Louis, cut off in the prime of what appeared an unusually vigorous life, and in the very zenith of a world-wide professional fame, another victim of a too assiduous performance of his duties to the public and to science; therefore,

*Resolved*, That we only feebly express our sentiments, and those of the profession in Central Illinois, in registering our profound regret at the untimely death of a surgeon in every respect so eminent, and at the irreparable loss which his family, the profession, and the public have sustained by that melancholy event.

*Resolved*, That a copy of these resolutions be forwarded to the family of the deceased.

J. L. HAMILTON, *President*.

J. STOUT, *Secretary*.

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### **Periscope.**

#### **Codeia in Dysmenorrhœa, Sleeplessness and Malarial Headache.**

*Case 1.*—I was consulted by the mother of a young lady of 18 years who, she stated, had suffered with painful menstruation for the past two years. The pain was so great that she neither got rest nor sleep during her periods. After putting her under a general medical treatment, I ordered opium to relieve the pain, but it disagreed with her sensitive stomach. Morphia was no better, though I used it hypodermically. It was then I decided on codeia, in one-fourth of a grain doses, and had the pleasure of seeing my patient perfectly relieved. Her pain disappeared and a calm sleep was induced. From this happy result I decided to try it on another case, where morphia had played a prominent role and had failed.

*Case 2.*—A lady, 35 years, unmarried, was subject to dysmenorrhœa to such an extent, that she had to keep her bed during four days of her catamenia. I ordered codeia, in one-fourth of a grain doses, morning and evening, with prompt relief.

*Case 3.*—Married lady, 40 years old, complains of distressing pain during her catamenia. About two years ago she aborted at fourth month, and had suffered to a greater or less extent ever since, at her regular returns. Physical

examination showed an ulcerated os and an anteflexed womb. While treating the last two affections, I administered codeia to relieve her pains with the same unfailing and pleasant result.

Encouraged by these experiences, I prescribed it in a case of mania-a-potu; and in twenty minutes my patient was calmed, and upon the repetition of the dose he fell asleep.

Again in a case of great exhaustion, in a gentleman who had to take twenty grains of hydrate of chloral, with one drachm of bromide of potassium, in order to obtain an hour's sleep, I ordered one-fourth of a grain of codeia, to be repeated in twenty minutes, and for the first time in four months that gentleman enjoyed four hours of unbroken sleep. I have used it also in the distressing headache that accompanies malarial fever, and always with the most flattering results.—*Obstet. Gazette.*

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#### **A Modification of Lister's Antiseptic Dressing.**

Dr. James L. Little has for several years been surgeon to a large factory in New York, in which three thousand hands are employed, and where injuries by machinery are quite frequent. These injuries consist chiefly of wounds of the hands and fingers, caused by their being caught in cog-wheels and other parts of the machinery. In many cases the fingers are torn off, tendons are pulled from their sheaths, joints are opened, and the hands are often severely crushed and lacerated. In all of these cases he has, for the past six years, been using the following simple antiseptic dressing: Having put the parts in condition for dressing, he washes the wound in a solution of carbolic acid of the strength of one to twenty; he then covers the parts with a thick layer of borated cotton, and then snugly and evenly applies a simple gauze bandage. At first he used bandages of antiseptic gauze, but for the past three years has used those of plain uncarbolyzed cheese-cloth. These thin bandages distribute the pressure more evenly over the cotton, and are more easily saturated with fluids than those made of unbleached muslin. The patient is instructed to keep the outside of the dressing wet with a solution of carbolic acid of the strength of one to one hundred. The author employs Squibb's solution of impure carbolic acid, which is of the strength of one to fifty, and which, when mixed with an equal bulk of water, gives a solution of the desired strength. The parts should be kept at rest, and the dressing may be left undisturbed for sev-

eral days, unless there is pain, rise of temperature, or discharge through the dressings. These conditions are always to be considered indications for renewing the dressing. In many cases where rubber drainage-tubes have been used they may be removed at the second dressing, and, if catgut has been used for sutures, this second dressing can be allowed to remain on for an indefinite period. In a number of cases of lacerated wounds the first dressing has been allowed to remain on until the wound has entirely healed. In these cases the external use of carbolic lotion was discontinued after the fifth or sixth day, and the dressings would become dry and hard, the wound healing, as it were, "under a scab." The patient should be instructed to loosen the bandage at once if any pain occurs. Out of nearly three hundred cases of open wounds involving the fingers and hands, thus treated, not one has been followed by inflammatory symptoms. Extensive lacerated wounds have healed, and dead tissue sloughed away, without giving rise to any of the so-called symptoms of inflammation. Neither pain, redness, heat, swelling, nor constitutional disturbance has resulted. In no case has there been red-dening of the lymphatics or tenderness of the glands. No counter-openings have been necessary. Pain has been entirely absent, so that anodynes have not been needed, save in a single case, and that for one night only, and to control slight restlessness. The author thinks these results the more remarkable from the fact that many of the patients were in an unhealthy condition, some suffering from anæmia, some from cardiac disease, phthisis, and the like. After giving a case of amputation of the leg, exemplifying the method, Dr. Little expresses the opinion that the value of cotton-wool as an antiseptic dressing is not fully appreciated. Used in the way he has indicated, it seems to be as perfect an antiseptic dressing as the gauze and other materials recommended by Mr. Lister, while at the same time it is free from all objections that pertain to the latter, and which materially hinder their use by the general practitioner. If supplied in sufficient quantities around an open wound, it protects it thoroughly from the "floating matter of the air," which is supposed to be the real inciter of suppuration. It is the best germ-filter known to us. To insure success in cases where the dressing is used, full precautions as to rendering the instruments, sponges, and the hands of the surgeon aseptic, and the use of drainage tubes, if necessary, should not be neglected. Catgut or torsion should be used to arrest hemorrhage. The spray may be resorted to, if necessary. At the second dressing

the author now usually applies carbolized oil, of the strength of one to twelve, to the wound to facilitate the removal of the cotton, which is otherwise apt to adhere after the first dressing.—*N. Y. Med. Jour. and Obstet. Rev.*, Dec., '81, and *Courier of Med.*

### Treatment of Epilepsy.

M. Ball, the present professor of mental diseases at the Paris School of Medicine, considers that the drugs most used in epilepsy prove much more efficacious when taken in combination with each other, than when one of them is administered singly. The alkaline bromides, particularly the bromide of ammonium, with belladonna and oxide of zinc, form the basis of treatment.

The following solution may be given, in tablespoonful doses:

R	Ammonii bromid.,	2½ drachms.	
	Sodii bromid.,	2½ drachms.	
	Aquæ destil.,	10 ounces.	M.

At the commencement of treatment four tablespoonsful of this solution may be taken during the day, and the dose increased to eight or ten tablespoonsful if no appreciable effect is noticed after a few days.

Belladonna and oxide of zinc are administered in pill form, as follows:

R	Ext. belladonnæ,	15 grains.
	Zinci oxid.,	15 grains.
M.	Ft. pil xl.	

Sig. One pill may be taken in the morning, another in the evening, at first; then the dose may be increased to four pills per diem.

If any degree of plethora exists the drastic purgatives should be resorted to, and in some cases benefit is obtained from a general bleeding, or the application of leeches to the temples or behind the ears.

M. Ball gives the following formula for drastic pills:

R	Aloes,	15 grains.
	Scammon. resin,	7½ grains.
	Jalapæ resin,	7½ grains.
	Calomel,	7½ grains.
	Saponis medic.,	q. s.

M. Ft. pil. xxiv.

Sig. These pills are to be taken once a week, three in the morning and as many more about noonday.

What is of importance to notice is the immediate beneficial effect of this combined treatment; this is sometimes remarked on the second day.

This method, like all other forms of treatment of epilepsy, should be continued for a long period, and should

not be suddenly stopped; the doses should be progressively and slowly diminished when it is considered safe to lay aside the treatment.—*Phil. Med and Surg. Reporter.*

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#### **Hour-Glass Contractions of the Uterus Treated with Nitrite of Amyl.**

Dr. Fancourt Barnes reports a case in the *British Medical Journal*, which is of considerable interest. He was called to a case of retained placenta, in which the midwife in attendance had given a dose of ergot as soon as the child was born, with the effect of contracting the os internum. As it was impossible to get his hand into the uterus, he determined to test the nitrite of amyl, three drops of which were inhaled from a handkerchief. During the inhalation the ring of muscular fibres around the os internum, which had been so rigid as to be absolutely undilatable, steadily yielded, until he passed his whole hand into the uterus and detached the placenta, which was universally adherent. There was no hemorrhage, whatever, and the placenta itself presented a remarkably exsanguined appearance. Dr. Barnes thinks in this agent we have the long-wished for antidote or opposite force to ergot.

It acts as a sedative and anæsthetic without producing unconsciousness.

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#### **The Alum Plug in Uterine Hemorrhage.**

Dr. R. W. Griswold, Connecticut, says:

For the last twenty years my reliance has been on a junk of alum in the vagina. If this is not at hand I take the next best thing that is; but a junk of alum is part of the contents of my medicine box. It is of the size of a large hen's egg, ovoid in shape, and generally left a little ragged, though without sharp points. Around the middle is cut a groove, about which is tied a bit of strong but not large twine, leaving the ends so that they can hang out of the vagina. This treatment is easy, speedy, and effectual against further hemorrhage. It has never failed me, and I leave a patient with a feeling that she is safe for the next twelve or fifteen hours, so far as danger from further bleeding is concerned. And I may add that I have never had any unfavorable effects follow its use in any one of the scores of cases in which it has been employed—no fevers, no septicemia, no deaths, no anything onward—and I have never had occasion to use it the second time in any one case.—*Western Lancet.*

### On Abuses of the Jacket-Treatment of Spinal Disease.

The writer, while acknowledging fully the debt European surgery owes to Dr. Sayre for the able advocacy of his treatment, and granting that it is due to his exertions that in England it has come into such general use, considers that in many cases the jacket is hastily and needlessly applied, and that its employment is often actively harmful. He divides the cases in which the jacket-treatment is abused into two classes: A. Those due to a wrong selection of cases; B. Those due to wrong methods of application of the jacket.

In class A the following are given as improper instances:

1. *Simple rickety spines*, often mistaken for cases or of commencing caries.

2. *Cases of simple lateral curvature*, in which the disease is perpetuated by the use of rigid support.

3. *Certain cases of true spinal caries*. In infants during the early progress of the disease the older plan of rest and horizontal position succeeds better than does any attempt to immobilize the spinal column, it is free from the risk of preventing due development of the trunk; but the jacket may be used from the first in older children with or without confinement to bed.

4. Cases in which the lungs or heart are affected, in addition to the affection of the spine.

5. Cases in which the carious spine is associated with any high degree of paralysis, incontinence of urine, etc.

In class B the following are the chief instances of misapplication of jackets:

1. *Undue heaviness*, many jackets being far too thick and strong.

2. *Use of the swing*. This apparatus is considered to be, for children, useless if not harmful, the object of extension being to allow the body to hang as straight as it may while avoiding all risks of disturbing any adhesions between consolidating vertebræ, and to bring the chest-walls into a condition of extreme aspiration. It is held that these objects are best attained by holding the child by the arms with the feet on the floor, or by the use of an inclined plane.

3. *Bad fitting and bad shaping of the jacket*. More especially neglect of the inspiratory position of chest-walls, insufficient hold of the jacket on the pelvis, and inaccurate fitting to the spinal curve or angle.—*Walter Pye, F. R. S., in Amer. Jour. of Obstetrics.*

**Amyl Nitrite for Ague.**

Dr. Saunders, of Indore, India, reports in the *Indian Medical Gazette*, a number of cases of ague successfully treated with amyl nitrite. He asserts that in every instance the disease yielded quickly and permanently to the amyl treatment. He mixes the drug with an equal volume of oil of coriander, to make it less volatile and to cover its odor, and administers it as follows: Four drops of the mixture are poured on a small piece of lint, which is given into the hands of the patient for him to inhale freely; he soon becomes flush, and both his pulse and respiration are much accelerated, and when he feels warm all over, the inhalation is discontinued, as the symptoms continue to increase for sometime afterward; a profuse perspiration now sets in, which speedily ends the attack, though in some cases the cold stage merely passes off without any hot or sweating stage.—*Therapeutic Gazette*.

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**The Treatment of Acute Pneumonia.**

Surgeon Deakey states that pneumonia occurring in the natives of India is very frequently of an asthenic, and often of a latent type. It is particularly intractable to treatment. He has therefore been led to employ belladonna in such cases, and has been much impressed by the good results which have attended upon its use. Surgeon Deakey attaches much importance to full and regular action of the bowels whilst the belladonna is being administered, and to insure this he gives magnesium sulphate in addition to potassium bromide or iodide. The combination of iron with belladonna also tends to induce a proper action of the bowels. If there is much muco-purulent expectoration, it is advisable to give an ipecacuanha emetic before commencing the belladonna treatment.—*The Practitioner*.

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**Salicylic Acid as a Dry Surgical Dressing.**

Dr. F. E. Daniel (*Mississippi Valley Medical Monthly*) has had remarkable success with this drug, having used it in a large number of cases after operative procedure, and finds it to be useful in controlling or overcoming pain. It is a good antiseptic, clean, and in the doctor's hands has proved of very great value. After operation the wound is covered with the acid, used in natural state, a dry powder, and the usual dressing applied. No air is allowed to get into the wound if possible. Entire absence of pain is the most noticeable feature.

## Therapeutic Notes.

## HÆMOSTATIC PILLS.

The following formula is highly recommended for hemorrhages of different kinds, such as metrorrhagia, epistaxis hæmoptysis, etc.:

℞ Ergotin,  
Quinia sul., aa.  $\frac{1}{2}$  drachm  
Digitalis,  
Ex. hyoscyami, aa. 5 grains. M.  
Ft. pil. No. X. Sig. One pill every two, three or four hours.—*Journal de Therapeutique.*

## IODINE PAINT FOR CHRONIC PAINS.

℞ Iodini, 40 grains.  
Pot. iodidi, 30 grains.  
Spts. vini rectificat., 1 ounce. M.  
To be applied with a camel's hair pencil.

## DIAPHORETIC IN SEVERE CATARRH WITH SORE THROAT.

℞ Potass. nitratis, 60 grains.  
Vel. potass. citratis, 120 grains.  
Vini ipecac., 2 drachms  
Syr. hemidesmi, 1 ounce.  
Decoc. hordei, ad 1 pint. M.  
Sig. One small teaspoonful to be taken every two or three hours.

## RINGWORM.

Two or three applications of the following at intervals of eight to ten days will frequently effect a cure in ringworm:

℞ Iodini, 120 grains.  
Olei. petrolei albi, 1 ounce. M.  
Apply with a firm brush.—*Medical Gazette.*

## UTERINE DISPLACEMENTS.

Astringent cotton tampons saturated with a solution of glycerine, alum and carbolic acid, are recommended in treatment of uterine displacements in place of pessaries, stems, etc.—*Monthly Review.*

## LEUCORRHOEA.

℞ Zinci oxidi vel. bismuth subnit., 80 grains.  
Ex. belladonna, 40 grains.  
Ol. theobromæ, 1 ounce.  
Ol. olivæ, 3 drachms.

M. Divide into eight suppositories and order one to be used every night.—*Southern Med. Record.*

## CATARRH AND IRRITABILITY OF THE BLADDER.

℞ Liquor potassæ, 10 minims.  
Tr. hyoscyami, 40 minims.  
Infus. buchu, 12 drachms. M.  
Make a draught to be taken three times a day.—*New England Medical Monthly.*

## ANTISEPTIC STIMULANT IN TYPHOID.

℞ Rum, 9 ounces.  
Creosote, 2 drops.  
Phenic acid, 4 grains.  
Salicylic acid, 15 grains. M.  
Small quantities may be given as required. This is proposed to prevent purulent infection from the intestinal lesions.—*Mich. Med. News.*

## IODINE CAUSTIC.

This preparation has been used in the treatment of lupus. It contains:

℞ Iodine, 1 ounce.  
Glycerine, 2 ounces. M.

It is applied every second day with a camel's-hair brush, but as the preparation is very powerful its action requires to be carefully watched.

## NOCTURNAL INCONTINENCE OF URINE IN CHILDREN.

℞ Strychniæ, 1 grain.  
Pul. cantharides, 2 grains.  
Morph. sulph.,  $1\frac{1}{2}$  grains.  
Ferri ruls., 20 grains. M.

Make from 40 to 50 powders or pills. Sig. One three times a day to a child ten years old.—*Canada Lancet.*

## GASTRODYNIA.

℞ Bismuth subnit., 4 scruples.  
Morphia sulph., 1 grain.  
Potass. cyanuret., 2 grains. M.  
Div. in Chart Number 16. Sig. One after each meal.—*Med. Bulletin.*

## ERYSIPELAS.

The following local application relieves the burning pain and heat in this disease more quickly than anything the writer has ever tried, and at the same time exerts a positive curative influence:

℞ Borax, 1 drachm.  
Glycerine, 1 ounce. M.

Apply freely over the affected parts. The effects are attributed to the antiseptic influence of the borax, and the depurative action of the glycerine.

## MISTURA APII COMPOSITA.

℞ Fl. ex. coca, 2 ounces.  
Fl. ex. black-haw, 2 ounces.  
Fl. ex. celery seeds, 1 ounce. M.  
Dose—as a nervous tonic, from one to two teaspoonsful three times a day.—*Druggists Circular.*

## INFLAMED CONJUNCTIVA.

℞ Tannin, 10 grains.  
Sodæ bicarb., 20 grains.  
Glycerine, 2 drachms.  
Aque, 2 pints. M.  
Use with an atomizer in the form of a spray.—*Louisville Med. News.*

# THE PEORIA MEDICAL MONTHLY.

THOS. M. McILVAINE, A. M., M. D.,

*Editor and Publisher,*

204 South-Jefferson Street, - - - - - PEORIA, ILL.

\*. All exchanges, books for review, and communications must be addressed to the Editor and Publisher.

\*. The publication day of this journal is on or about the 10th of each month

\*. To subscribers! A pencil mark at this place indicates that the time of your subscription has expired, and that a prompt renewal is urgently requested.

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## Editorial Department.

### Volume III.

With this number we begin the third year of this journal, and desire at this time to express our hearty thanks to those who have aided us in our work. Our history has been one of success only, and a success that is increasing with every month. We do not say this in a vain spirit, for we realize that without the support, financial and literary, of the profession, our history would have been a short one. Far beyond our utmost expectations have we received this aid, and we have endeavored as best we could to make this journal worthy of it. Three times have its pages been enlarged, and their numbers increased, until now we offer a yearly volume of over 500 pages, for the same amount that we asked at first for one of but 300 pages. No pains have been spared in making the appearance of the journal worthy of its thousands of readers; paper has been manufactured expressly for our use; new type purchased, and skilled labored employed, until now we are not ashamed or afraid of a comparison with any.

To those gentlemen who have contributed of their knowledge and experience we owe a heavy debt of gratitude, and can only express the hope that during the coming year this debt may be vastly increased.

**The New York Code of Ethics.**

We were not mistaken, when we predicted that the late move of the New York State Medical Society would be severely handled both by the medical press, and other medical societies. The *Medical Record*, which is the champion of the new departure, and which even claims to be the originator of it all, in a late editorial claims that so far no argument has been brought to bear against the new code; that all that has been advanced has been vituperation and bombast, born of jealousy, and that all important societies would adopt the same course.

The *Century*, late *Scribner's*, has a puerile fanfaronade of the same kind. In reply to these, we can point for argument to an editorial in the April number of the *Chicago Medical Journal and Examiner*, which could only come from the trenchant pen of Dr. N. S. Davis. The arguments he brings forth are simply unanswerable, and to them we invite the *Record's* attention.

So far as the action of the various societies is concerned, it is yet too early to state definitely what that will be; but we call attention to the action of the St. Louis Medical Society, printed elsewhere in this number, whose resolutions possess the true ring of professional honor. Some silly fool has even gone so far as to claim, that the New York State Medical Society could get along far better without the American Medical Association, than could the American Association without the New York Society. The fight bids fair to be a short but hot one, and the result can be easily predicted. If the Committee on Credentials at the St. Paul meeting in June but do their duty, and the Judicial Council back them up, the delegates from the New York State Medical Society will not be permitted to take seats in the convention, and the majority of regular physicians in the world will say, amen!

If the members of that State Society wish to sever their connection with the American Association, they have a perfect right to do so, but they can claim no right, morally or legally, to enact laws fundamentally opposed to those of the larger society, of which they form but a part, and still hold representation in that body.

**An Error Corrected.**

It is evident that we have not done enough blowing about our circulation. Some seem to have an idea that this journal is very limited in its circulation and merely local in its range. This is not so. We are satisfied that our circulation, which is over two thousand copies each month, is excelled but by very few in the West, and by not a very great number in the East. By referring to the receipts which are printed each month, one may discover that we also reach almost every state and territory in the country. The number of our readers will not fall far short of three thousand each month. We mention these facts to prove to some, that should they contribute to our pages, they will have an audience worthy of their best efforts, and one that is increasing by nearly one hundred every month.

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**To Contributors.**

In writing articles for journals it is important to cultivate brevity. Short, spicy articles, just full enough to convey the idea of the writer, with the true ring of business in them, attract far more attention and are more generally read than those of greater length. It is this kind of articles that we especially desire, and invite our friends to contribute. We are compelled to decline many articles on account of their length. After you write a paper, read it over carefully and cut out all that you think can possibly be spared, and we will guarantee that it will be read with pleasure by thousands. We hope our friends will send us short practical articles, and plenty of them.

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**Insanity from Drugs.**

Members of the medical profession, especially those having had dealings with the insane, are earnestly requested to answer the following questions, fully, yet concisely. The subject is one of so much importance, medico-legally, and otherwise, and so very little is to be found upon it in works on insanity, that it merits the attention asked for it:

1. Have you ever seen any cases of insanity, temporary or permanent, or any deviation from the normal mental or moral state that could be traced directly to the use of a single large dose, or the continued use of OPIUM, OR ANY OF ITS PREPARATIONS OR ALKALOIDS?

2. Of what type was such insanity? Give symptoms.

3. State patient's age, sex, civil condition, and occupation.

4. What was its duration and result?

5. State color of patient's hair, eyes, and complexion.

6. Was there any hereditary tendency to insanity, or any history of alcoholism, grave nervous disease, or any drug habit in the patient's ancestors?

7. What amount of the drug was used, and for how long a time?

8. What line of treatment was pursued?

9. Please answer the same questions regarding the use of CHLORAL-HYDRATE.

10. Please answer the same questions regarding the use of BROMIDE OF POTASSIUM, or any other drugs.

Stamps will invariably be returned. In all cases so requested, communications will be considered strictly confidential. Reprints of the article, embodying the results of such statistics, will be sent to each correspondent. Address, DR. H. H. KANE, De Quincy Home, Fort Washington, New York City.

#### Notes and News Items.

The eminent scientist, Charles R. Darwin, died April 20th.

The new Women's College, at Baltimore, has all male professors.

The Missouri State Medical Society will meet at Hannibal, May 16th.

The death of Dr. John T. Hodgen, of St. Louis, robs the West of its most famous surgeon.

The annual meeting of the Military Tract Medical Society was held in Monmouth, Ill., May 9th.

Every Western physician should subscribe for a "home journal." This is one; suppose you try it for a year.

Dr. Mark Ranney, Superintendent of the Iowa Hospital for the Insane, died of an attack of pneumonia, January 13th.

Logan County, Ill., has a County Medical Society, lately established and now in good working order. We hope the interest so strongly manifested in it now will not be allowed to die out.

Drs. S. W. Gross and John H. Brinton have been chosen to fill the chair in Jefferson Medical College, made vacant by the resignation of the "Nestor of American Surgery," Dr. S. D. Gross. The appointments give general satisfaction.

The Brainard District Medical Society met in Mason City, Ill., on April 27th. The report of proceedings reached us too late for this issue, but will appear in our next, together with the address of the retiring President, Dr. S. T. Hurst.

The *New England Medical Monthly* is becoming as strongly partisan as the *Therapeutic Gazette*, which it so bitterly attacked. Such a course will rob it of any influence which it might otherwise have gained as an independent medical journal.

A Chicago professor stated in a lecture that he had noticed that in sterile women the hair on the Mons Veneris was always straight. The professor was rather surprised by the inquiry of a student, whether curling the hair would cure the sterility? *Fact.*

Dr. Erskine Mason, a prominent surgeon of New York city, died on April 13th, aged 45 years. Dr. Mason was quite a writer, and his papers on "Operation for Strangulated Hernia, without Opening the Sac," "Lumbar Colotomy," "Laparotomy," etc., attracted wide attention.

W. F. Albright, Esq., music dealer and publisher of Bloomington, Ill., sends us a copy of his Standard Musical Library. Each number of this library contains five or six pieces of first-class music, such as retails usually at thirty cents each. Mr. Albright's price is *only twelve cents* for \$1.50 worth of music. This is equal to dime medical literature.

The Central Illinois Medical Society had a full meeting in Bloomington on May 3d. More than ordinary interest is taken in this society by its members, as evinced by the work done. This society is now next in size to the State Society, the usual number in attendance running

from sixty to seventy-five. The physicians of Bloomington tendered the society an elegant banquet in the evening at the Phoenix Hotel. We hope to have a full report of the proceedings of the society for our next issue.

Dr. J. H. Patton, of Richmond, Va., is to answer Dr. Palmer's book on "Homœopathy—What it Is," through the pages of the *Southern Clinic*. It is said that Dr. Patton is a graduate of both allopathic and homœopathic schools, and something lively may be expected.

Dr. Rauch, Secretary of the State Board of Health, has distributed postal card blanks for reports of vaccinations. If properly filled out by physicians and returned to the Secretary, they will be valuable aids to the preparation of statistics upon this subject. Dr. Rauch has sent a quantity to this office, and any who have not yet received them may obtain one or more by dropping a card to the editor.

The Post-Graduate Faculty of the University of New York, comprising such names as W. A. Hammond, D. B. St. John Roosa, M. A. Pallen, F. R. Sturgis, H. G. Piffard, and others, recently handed in their resignations. Difference of opinion between this Faculty and the regular governing Faculty as to matters of policy and jurisdiction led to this step. We hope it does not portend the establishment of a new college.

The University of Virginia evidently believes in quality rather than numbers of its medical graduates. For the two college years ending in 1880, there were 79 applications for the degree, but only 31 of this number were graduated. The medical department of the University of Pennsylvania rejected 23½ per cent. of the candidates for graduation at the recent examinations. We hope this weeding out policy will become epidemic.

A private letter from a valued correspondent contains the following, which is too good to be lost. He writes:

"I see Dr. Byford has greatly improved his work on Diseases of Women. In the first edition 'Nitrate of Silver and its substitutes' played a very important part. When I lived in —, a lady friend visited Chicago and spent the

summer there. On her return, I met her in the company of several ladies, who brought up the subject of complexion. The lady was asked if she had noticed the well-known fact that Chicago ladies were less fair than their Eastern sisters, and that Eastern ladies who went to Chicago soon lost their complexion, and if she thought the climate was the cause? The lady replied that she had noticed the fact and thought the climate might have something to do with it, but she had given the subject considerable attention, and had concluded that the reason in part was due to the fact that Dr. Byford treated female diseases exclusively with nitrate of silver. I judge, therefore, from his last edition, that the complexion of Chicago ladies will now improve." \* \* \* \* \*

With the new volume begin your subscription to THE PEORIA MEDICAL MONTHLY.

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#### The White Mountains Excursions.

In the *Detroit Evening News* of March 3d, an advance announcement is made of the sixth season of excursions "From Detroit to the Sea." There will be three in number, and will leave Detroit on the mornings of July 5th, 20th and 27th, and tickets will be good to return any time before September 4th. The route is to be via the Grand Trunk Railroad and St. Lawrence River steamers, through the Thousand Islands and famous Rapids to Montreal, thence to the White Mountains and sea shore at Portland, Maine (near Boston). On the return trip, Quebec, Niagara Falls and Buffalo are to be included, making altogether a trip of over 2,000 miles for \$20. Each of the excursions will be conducted by W. H. Brearley, who has taken seven parties over the same route in former years, and who last year successfully managed three excursions. The trains are "special" trains of Pullman Palace cars, and upon the St. Lawrence River a special steamer will be used. A handsome guide book giving full descriptions and illustrations of this route, may be obtained for 30 cents by writing to Mr. Brearley, office *Detroit Evening News*. Over 40 maps have been engraved for this edition, and the title page is an exact copy, in colors, of an oil painting of Glen Ellis Falls, near the Glen House, in the White Mountains.

# THE PEORIA MEDICAL MONTHLY.

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VOL. III.—JUNE, 1882.—No. 2.

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## Original Communications.

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ART. I.—Clinical Contributions to Electrical Therapeutics. PAPER No. VII.

Concluded. By ROMAINE J. CURTISS, M. D., Joliet, Ill.

### SKIN DISEASES—CHROMOPHYTOSIS.

Case 14.—Mr. —, aged about 23, on his travels got inoculated with the *materies morbi* of chromophytosis. He had carried the picture about a year when I saw him. The disease completely covered the anterior half of the trunk, and there were patches of it on his back. He was directed to use a solution of chloral, an ointment of zinc, and to bathe twice a day with use of green soap, thoroughly washing away the loosened cuticle. This treatment was of no avail and afterwards chrysophanic acid and mercurial preparations were used. Various other medicines were prescribed, and he continued medication for about four months locally, and I gave him cod's oil and Fowler's solution. The disease would clear up in places at times, or its products with cuticle be washed off by aid of green soap and the surface of patches look clear for a time, but would soon be covered by a fresh plant. During part of this time he wore a special covering for the diseased surface, using a new one every day, my opinion being that the clothing preserved the germs of the disease with obvious results.

I began to use galvanism in this case as a sort of *dermier ressort*, and because I did not know what else to do. The applications were made daily, a large sponge being applied to the diseased surface and the positive pole at different places on the healthy skin. The disease began to disappear immediately. The skin along the median line became healthy first, and extended outwards until the disease disappeared.

#### HERPES—SHINGLES.

*Case 15.*—Mr. —, aged 48 years, had complained of heart disease (intercostal neuralgia) for several years. Latterly he had an eruption of herpes zoster, covering the greater portion of left chest. He had taken iron, arsenic, cod's oil and quinine with some benefit, and was using a lotion of cologne, glycerine and lead.

The continuous galvanic current was used every other day in this case for some time, without benefit. I then interrupted the current, using varieties of tension and number of cells, but the disease refused to yield until the faradic current was used, which made short work of his shingles, greatly to patient's relief, for he was impressed that should the disease extend to the right side of his spine his life would soon terminate.

#### ECZEMA.

*Case 16.*—Miss —, aged 18 years, had eczema, covering left side of nose and portion of cheek, of four years' duration. She had been through the regular course of zinc, arsenic, iron, quinine, cod's oil, etc., etc., and had "tried Homœopathy," which was found wanting. No medicine was used in the treatment of this case, but the galvanic current effected a cure in four months. The poles were applied indifferently, one being over the eruption and the other sometimes behind the ear and sometimes on the cervical spine. After each *seance* there would be for a few hours some swelling and increased redness of the eczematous skin.

#### ACNE.

*Case 17.*—Mr. —, aged 20 years, had been disfigured by acne of the face since his fifteenth year. He had a

long history of mortification of spirit, sulphur baths, zinc ointment and Fowler's solution. The treatment of galvanism was continued at irregular intervals for six months. Each application had the effect of so reddening the surface where the sponge was applied to the face, that the patient would take his dose only late in the evening;—a sample of pride under great difficulties. He was cured, however, without lotion, ointment or medicine.

#### AMAUROSIS.

*Case 18.*—R. M., aged 23 years, worked in the rail mills, and was subject to extreme degrees of temperature during the "heats." He gradually became blind—could see the largest test type with indistinctness only at a few inches. He had naso-pharyngeal catarrh and sequent vomiting, steel scales, and carbonaceous matter was always present in the nasal and pharyngeal cavities, where they could be seen by the laryngoscope.

The patient was obliged to stop work, and was treated for his catarrh by sprays, and his amaurosis by galvanism, for six months, when he was discharged cured. The current from five or six cells was generally used, and the positive pole applied over the eye and the other over the mastoid. The current was tempered by the rheostat, so that during its passage faint flashes could be seen. In this case the retina of the eye was anæmic.

#### AMENORRHŒA.

*Case 19.*—Miss —, aged 26 years, had been a teacher in public schools for eight years. During past two years she had suspension of the menstrual function and occasional attacks of asthma. She was plethoric; of good appearance physically and complained of no local pain or other sensory disturbance. I suppose, in the light of modern pathology, her disease would be called neurasthenia, of some set of motor or gland nerves. She declined a pelvic examination, and I recommended galvanism for the amenorrhœa. The current was passed from the lumbar region through to ovaries. The *seances* were held twice a week, and during the sixth week of treatment the menses were restored, which had the effect of stopping the asthma.

## LEAD POISONING.

Case 20.—Mrs. —, aged 23, married four years, no children; was a fashionable person of most intense personal vanity. She was a perfect specimen of neurasthenia; the antecedents and sequences of this disease were all there. She was even subject to hay fever. She had uterine disease, and had been subject to the silver treatment for a year or two by an eminent gynæcologist of Buffalo. She had "wrist drop," which was very noticeable when I made my first visit, and I suspected the cause of her abdominal pains; which suspicion was confirmed by an inquiry in this direction and the exhibition by her husband of her large collection of hair washes and cosmetics, all of which contained lead. The patient had been bed-ridden for several months. Her cosmetics were disposed of; iodide of potash was given, and general faradism employed daily for a month, when she recovered from her neurasthenia, and resumed her social standing without the aid of lead.

## LUMBAGO.

Case 21.—Mr. —, a carpenter, strained his back by working on a cornice and was placed *hors de combat* by pain in his back when he attempted to move. His appearance and movements were such as are always exhibited by the lame back. He came to the office three times and a current of sixty cells was passed through the painful part, about fifteen minutes each time. The relief was marked at each dose of the remedy and the cure prompt.

Case 22.—Mr. —, aged about 40 years, a rheumatic subject, was brought to my office and carried in groaning from pain, which was referred to the lumbar region. This case illustrated the exception which proves all rules. I applied the galvanic current, with very large quantity, with greatly lessened intensity, fully expecting to stop his pain and groaning in a few minutes. To my surprise he complained of an increase of the pain and in a few minutes fainted. When he recovered he refused to allow further galvanization and would not take medicine. He was taken

home and a physician sent for who gave him morphia, and sympathized with him by remarking that "electricity was a humbug anyhow"—an opinion to which the patient gave his free assent, and I suppose they are both of the same opinion still, and that each of them knows as much about it as both, and both of them as much as either.

#### RHEUMATISM.

*Case 23.*—Mr. —, aged about 30 years, a laborer, native of England, had muscular rheumatism of the right leg. The muscles were tender, swollen and paretic, and he went and came on crutches. There was no evidence of venereal disease. The patient had a gouty ancestry and the exciting cause of his own disease was working in a wet ditch. He had suffered from this disorder for several months, had taken several medicines and received some benefit from iodide and colchicum. He was sent to me by a physician who was somewhat undecided about the humbug of electricity and was disposed to investigate. The patient's foot and leg and the negative pole were put into a vessel of warm water, the positive pole being applied to the leg higher up. This treatment was continued daily for two weeks when patient was discharged cured.

#### INDURATIONS.

*Case 24.*—Mr. —, aged about 60 years, had acute rheumatism which lasted two months. He was treated by salicylate of soda, which failed, as he could not take it without insanity, and he was brought through by the alkaline treatment. On subsidence of the acute symptoms the tendons of various muscles in upper and lower extremities were subject to indurations, which showed no disposition to absorb. He was given iodide and colchicum without much benefit, the enlargement of the hamstring tendons and tendons of ankle joints and wrists being thick and painful. He remained without much improvement for two months, when he was brought daily to the office for galvanic treatment. The different indurations were treated separately by passing the galvanic current through them. The treatment was continued daily and every third day for

three months, when the indurations of the tendons were absorbed and the normal functions restored.

*Case 25.*—Mr. —, aged 37 years, a merchant, sprained his ankle severely, which injury was followed by an induration of the tendo Achilles. The tendon in lower half of its length was more than double its natural thickness. This deformity was treated every other day for a month with the negative pole attached to a roller electrode, thus combining the electrolytic effects with massage, a very convenient and efficient method. The tendon was restored to its morphological and physiological integrity.

#### NÆVI MATERNI.

*Case 26.*—Miss —, aged 12, had a port wine mark on her left cheek about the size of a dime. The natural beauty of the anatomical deformity was somewhat deteriorated by several applications of some sort of caustic, which had however not removed it. Three fine needles were inserted through the nævus, carrying the negative pole, and the positive was placed near by on the sound skin. The current from the cells was used about five minutes. In a week the operation was repeated and the nævus disappeared.

*Case 27.*—Miss —, aged 16, had a prominent, raised, purple nævus on the left cheek; a physician had attempted its removal with a faradic machine and afterwards applied caustic, and then suggested cutting it out. In this case four electrolytic applications of galvanism were used, which removed the mark.

*Case 28.*—Mrs. —, by some slip of the embryonic tissues had a spot on her left upper lip about half an inch in diameter, from which sprang a vigorous growth of hair. I undertook to destroy the hair follicles in this case, and succeeded after the following method: A small needle (negative pole) was pushed into the follicle beside the hair and held in position about five minutes, the lady holding the other electrode in her hand. Five or six hairs were thus abused at each *seance* until the whole crop was removed. This is an operation which is tedious and very

useless unless there is considerable beauty behind the unnatural growth. It is however a very satisfactory operation for the patient.

#### LOCAL ATROPHY.

*Case 29.*—Mr. —, received an injury to the shoulder in a railroad accident. There was nothing of dislocation or fracture, but the injury was followed by atrophy of the deltoid muscle. There was no antecedent paralysis; but the muscle, what was left of it, would contract by volitional stimulus, though there was not force enough to raise the arm from the body to a level with the shoulder. The faradic current was used in this case, with the roller electrode for three months, the applications being made two or three times a week, when the muscle was restored in form and function.

*Case 30.*—Mr. —, about a year before I saw him, was thrown from his horse, striking on the back of his right shoulder. The arm was useless for several months from pain and paresis. On examination the spine of the scapula was his most prominent morphological feature, by reason of the atrophy of the muscles above and below. Electricity, faradic and interrupted galvanic, with massage, were used for this deformity for a year with the result of making restoration, which, though not complete, was serviceable.

*Case 31.*—Mr. —, aged 23 years, had typhoid fever, the duration of which was six weeks. During convalescence he over-fed and was relapsed for nearly two months. He finally recovered from this illness, and rapidly gained his average weight of 170 pounds; but three months afterwards his gait was ataxic, for the reason that he had lost sensation of his legs and feet. There were no pains in legs, nor other evidence of tabes, except diminished sensation. The faradic current was used in this case and fully restored the sensation of legs in a month's time. The applications were made daily by placing the feet in a bath containing one pole, while the other was applied on the extremities above—to the spine or held in the hands.

ART. II.—Herpes Zoster, vel Zona, vel Ignis Sacer (Holy Fire), Shingles.

Read before the Peoria City Medical Association. By ROBERT ROSKOTEN, M. D., Peoria, Ill.

Among the few acute species of that *very* large class, "herpes," zoster is one of the most interesting. It is an acute, inflammatory disorder, characterized by the appearance of one or more groups of vesicles upon an inflamed base, and attended by neuralgic pain. The course of the disease may be divided into three different stages. The symptoms of the first stage, which may be termed the prodromic, are those of a severe form of neuralgia, corresponding with the seat of the impending eruption. When zoster affects the trunk—its most common seat—gastric and intestinal disturbances, similar to those noticed in erysipelas, are common. This stage varies from a few hours to several days, even weeks. The second or eruptive stage is ushered in by an intense burning pain, soon followed by the appearance of red spots, which either remain discrete, or run together, forming a belt from one to two inches wide, encircling one-half of the body. Rising from these spots at irregular intervals, there appear one or more groups of well-developed vesicles, filled with a transparent fluid, and varying from the size of a pin-head to that of a split pea. Occasionally adjoining vesicles coalesce, and small bullæ are formed. There remains a distinct areola of redness around each vesicle. When the eruption is thus fully developed, the severity of the neuralgic pain, as a rule, is greatly diminished. The walls of the vesicles are firm and have no tendency to rupture, hence desiccation; preceded by opacity of their contents is the rule.

Several groups of vesicles may appear simultaneously or in successive crops, and thus this stage be prolonged for weeks or even months.

The advent of the third stage is heralded by a fading of the red areolæ; the vesicles shrivel up and a thin, yellowish-brown crust remains, which drops off in the third week leaving a red surface. When the case was very severe, permanent scars will remain. The neuralgia generally ceases at this time, but may be prolonged for several

weeks. In other cases it returns after the eruption has entirely vanished.

The great disproportion between the pain and the apparently insignificant eruption, as well as its neuralgic character and course, point positively to the seat of the affection as being in the nerves. This supposition is borne out by the facts recently elicited by von Baerensprung, who repeatedly after death found the nerve-trunk diseased.

Herpes circinatus and herpes iris can not well be confounded with zoster, as their vesicles are arranged in a circular form, and their seat, unlike zoster, is almost exclusively limited to the hands and feet, while the eruption is not attended with neuralgic pain.

Zoster has some resemblance to erysipelas bullosus and to pemphigus. But in erysipelas the cutaneous swelling is more uniform and covers a greater area, while the exudation appears in the shape of blebs, without a separate halo, the concomitant fever is higher and the pain more of an inflammatory than of a neuralgic character. In zoster the vesicles appear in groups surrounded by a halo. It is true, during the progress of the eruption and shortly before the approaching desiccation, the halo may spread and the vesicles become confluent, forming large blisters, but they are always surrounded by a distinctly marked halo. Pemphigus presents either a solitary bulla, or a number of them scattered over the body independently of the course of any nerve, and is marked by the absence of neuralgia. Eczema occasionally resembles herpes, but can be easily distinguished from it by the intense itching, the smaller size and early rupture of the vesicles, by the more abundant exudation and larger size of the crusts. With varicella zoster has been confounded in a few cases.

Different names are attached to this species of herpes, indicating the locality in which it appears. Thus we have:

1. Zoster pectoralis; occurs most frequently in the lower pectoral region on one side, between the fourth and seventh ribs, extending from the spinal column behind to the middle of the sternum in front. Before the eruption comes out pleuritic pain and palpitation of the heart are not uncommon.

2. *Zoster abdominalis* is the form from which the name *cingulum* or shingles is derived. It is frequently attended by colic and gastro-intestinal irritation. I have observed two cases where it appeared alternately with dysentery. It was in this way: after the dysentery had lasted a few days the eruption took place and the tenesmus, etc., disappeared; but as soon as the vesicles became dry, the dysentery recommenced with renewed vehemence, followed by a new crop of zoster. This process continued until the whole belt was formed, when finally the dysentery terminated.

3. Of *zoster cervicalis* there are several varieties. Herpes in the one affection is confined to the upper part of the neck, while in the other it extends from its lower part down the arm as far as, or even beyond the elbow, usually on the flexor surface, called *herpes cervico-brachialis*.

4. *Herpes axillaris* extends from the region of the nipple upwards to the tip of the shoulder.

5. *Herpes facialis* may occur in any part of the face; the most important being that extending along the supra-orbital nerve and upon the side of the nose. It is of special danger to vision, sight being occasionally totally destroyed.

Furthermore, I could mention herpes of the scalp, which is of rare occurrence.

Among the forms of zoster in the lower extremities, those following the course of the anterior crural nerve and its branches, and of the sciatic nerves, are the most important as well as the most frequent. Herpes below the knee is very rare.

Zoster is not contagious, but under the same circumstances which favor an epidemic of erysipelas, *i. e.*, unknown cosmic influences, many cases of herpes have been noticed.

The disease is liable to occur but once in the same individual, unlike the other forms of herpes, of which one attack predisposes to another.

The treatment is simply symptomatic. Excessive pain calls for anodynes, *f. i.*, belladonna, cannabis indica, morphia or opium internally or hypodermically near the seat of the pain. Electricity, the constant current, is an

excellent palliative. If the neuralgia is of an intermittent character, or if it remains severe even after the eruption is out, antiperiodics are called for. Morphia may be advantageously combined with quinia. Camphorated oil or black wash are useful soothing applications. It should be our aim to prevent the rupture of the vesicles. This may be done by sprinkling them thickly with flour, lycopodium, or any good dusting powder, and by covering them with cotton-batting secured by bandages. The cauterization of the zoster with nitrate of silver has been highly recommended, but should be limited to the later stage.

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ART. III.—New Uses of Old Remedies. A Report to the Central Illinois Medical Society. By O. P. PAULDING, Arrowsmith, McLean County, Ill.

*Mr. President and Members of the Central Illinois Medical Society:*

I must beg your indulgence for not complying with the request of the committee on programme, by writing an article on new remedies, but ask you to listen for a few moments to a short dissertation on the new uses to which some of the older ones are applied. I am compelled to make this change because of my inability to find any one in this part of our vineyard who has tried them.

Some of my medical journals contain articles on some of the new remedies, but they are mostly from the fertile pen of that sage of Tennessee, who is correspondent to some thirty-five medical journals. And when we read that he has treated from three to ten patients successfully with such and such a drug in a few months, cases that a country practitioner probably does not see one in years, we must conclude that the small village of Pulaski is a made up town for a doctor—a town better than a hospital for clinical study—or else the cases are made up.

#### BIOCHROMATE OF POTASSIUM IN SYPHILIS.

Dr. J. Edmund Guntz makes some novel announcements regarding the treatment of syphilis. If true, they are of the highest importance. He claims to be able “not only to do away with mercury in syphilis, but in a large proportion of cases to abort the disease.” In 1869 he advo-

cated the use of bichromate of potassium as being a useful drug in treating syphilis. He gave the drug pure at first, but it acted slowly and was apt to disturb the stomach. Then he combined it with nitrate of potassium, giving a pill of 1-15 grain each, three times a day. These produced remarkably favorable results. Yet the action was slow, and when a prompt one was needed, as in malignant cases, this remedy would not meet the expectations. Finally mixing it with carbonic acid water, he found that much larger doses could be taken in this form, and that a profounder impression on the system could thus be made. A maximum dose is  $3\frac{1}{2}$  grains of bichromate of potassium daily, in 20 ounces of carbonic acid water divided into five doses; larger amounts provoked vomiting. He calls this mixture chromwater, and says that it can be given daily for weeks and months in all forms of syphilis without detriment to health.

The following are his statistics: In one and one-quarter years he treated 194 cases of chancre; of these he selects 85 to remove any source of error; in 14 of the 85 the sores were cauterized, the remainder were treated with nothing but chromwater, and in 47 of them constitutional syphilis failed to appear. In order to avoid every possible chance of mistake the author excludes 10 of this 47. Even then there were left 37, or over half, who when given chromwater alone, developed no after symptoms. Still more favorable results took place with the 14 cases that were cauterized. Of these only two developed symptoms of constitutional syphilis. His statistics thus show that of the 85 cases selected 49 showed no constitutional symptoms. Dr. Guntz has used bichromate of potassium exclusively in the treatment of syphilis for years, and has given it in more than a thousand cases. He thinks the day of mercury is over. Dr. Guntz has also used his chromwater with the best results in diphtheria. He says that the drug acts by reason of its powerful oxidizing properties, and thinks that in chromium we have an agent that is inimical to the syphilitic poison, which does not harm the system itself, but benefits it.

## CODIA.

This alkaloid of opium has been taking a benefit of late. The following are a few of the comparative relationships of codia and morphia physiologically:

1. Codia is a greater cardiac stimulant.
2. Is a more powerful diffusable stimulant.
3. It does not check the secretions to such an extent as morphia; indicated when it is desired to avoid locking up the secretions, bowels, liver, expectorations, etc.
4. It is greatly less dangerous than morphia, no lethal dose having been recorded; therefore, better for infants.
5. It is never followed by intense nausea.
6. There is no danger of inducing the opium habit.

Dose—Sulphate codia, generally used, double that of morphia.

## NITRO-GLYCERINE

Is seeking favor as an anti-neuralgic; is also found useful in tetanus, hydrophobia, seasickness and chloroform poisoning. In angina pectoris its effects are more marked.

## SULPHATE OF ZINC.

For the last two years we have been using sulphate of zinc in chronic malaria, with marked success. We have also administered zinc in first attacks of chills, with good results. The usual mode of treatment was to give a brisk cathartic, not forgetting to add calomel; then give 3 grains every 3 or 4 hours, without stopping for the fever. Usually they have one slight chill, possibly two, but never the third, if the drug was ever to do any good. We have had equally good results from zinc as from cinchonia in chronic cases. Zinc administered on the same plan to persons suffering from neuralgia, has given good results. The stomach tolerates the drug very well; occasionally there is some nausea, but generally it allays the irritability of the stomach that usually accompanies most cases of neuralgia and chills. Children cry for it, for it can be put up in a more palatable form than most of our remedies for such ailments.

We have tried the iodine and iron treatment for chills, but have to condemn it on account of its causing nausea

in most of our cases. Usual plan of administering it was 10 drops of each, largely diluted, 3 times a day, after meals.

Tincture guaicum has become quite a prominent drug in the treatment of nearly all kinds of sore throat. In those of the follicular variety it exerts its most marked influence. In follicular transitis it is a specific.

We use it in all coughs that are due to irritation of the fauces, even in the cough of phthisis. In this class of cases it is used as a gargle or in the form of a spray. Usual dose in tonsillitis 10 drops every three hours. As a spray or gargle 2 to 5 drops at a time, using glycerine as a vehicle.

#### STRAMONIUM.

Writers class stramonium with belladonna, both in its physiological and pathological action, especially their alkaloids—*datura* and *atropia*—only *datura* does not manifest itself in so marked a degree as *atropia*, but has more marked action on the secretions.

*Stramonium* is classed by Dr. Headland as a neurotic, Div. II., Order III., deliriant. Deliriant has a slight stimulant effect, hence a greater secondary one.

The medicines of this class tend to diminish the quantity of nervous force and are thus like sedatives.

*Stramonium* when given in large doses acts as a deliriant. When given in small doses it exerts a sedative action on the nervous system, more especially those nerves that are distributed to the womb and its appendages—next in order to the nerves of the bladder and rectum, then the eye and skin.

The use of the drug to which we wish to call your attention, is in cases of threatened abortion. Its mode of action in these cases is as a sedative to the nerves that supply the womb, quieting the hyperasthenia that is ever present in these cases, thus stopping the spasms of pain, and by giving rest relieve the engorgement. We rely on *stramonium* in all our cases of threatened abortion. The following are a few of the cases in which it has been given:

*Case 1.*—Mrs. A——, aged 22, mother of one child, had aborted twice since birth of first child. First at three months, second at five months. She had to remain very

quiet at what would have been her menstrual period or would have aborted before. She came to me with the above history, in second month of pregnancy. She was given some stramonium seed, with directions to eat from 4 to 6 every time she felt any pain, and to take to her bed for an hour or two, at least till the pain quieted, she to repeat the dose every half hour till relieved. She followed my directions for seven weeks, after which no more pains were felt till those at full term, when a healthy child was born.

*Case 2.*—Mrs. G——, aged 25, never had given birth to a full term child; had aborted twice—once at one month, second at seven months. She was given the same remedy, with the same directions. She had to use the seed occasionally till the eighth month, when the pains ceased to trouble her, then went on to full term.

*Case 3.*—Mrs. M——, aged 18, newly married, felt pains at first month. Put under the same treatment. Felt pains occasionally till the sixth month. From that time till full term she suffered no pain.

*Case 4.*—Mrs. E——, aged 27, same as above.

*Case 5.*—Mrs. B——, aged 31. This woman came to me with a history of thirteen abortions. Has one child living, born at seven months. The others were lost from the second to the seventh month of gestation—nearly all were lost between the third and fourth months, next greatest number at about six months. At the time I saw her she was in the third month. The usual plan of treatment was pursued in this case as had been in the others. All went well till she entered the ninth month—having had but little trouble to control the pains (which had come on occasionally) with the seeds and rest. She became careless and went to working too hard—lifting, running up and down stairs, etc. This exertion caused pains to come on that nothing but delivery would stop. By the time I arrived at the house the child was born. No doubt had she cared for herself she would have given birth to a full term child.

We might mention several other cases, but no doubt these will suffice. So far we have only failed in two cases.

In none of the cases in which this remedy has been used has there been any bad effects. The womb responds well to the call of nature to expel the child when time has arrived for its doing so, nor did any relax afterwards.

These seeds are also used in the relief of after-pains, when they are so severe as to need any attention, and so far in these cases no bad effects have been observed. They will be found useful in allaying the pain of ovaritis, and at times, in special cases, to relieve the pains of menstruation.

In the class of cases that stramonium has been used, it has vast advantages over opium, for it does not constipate the bowels nor derange the secretions, unless it is to increase them, which is usually an advantage.

In the administration of the drug the seeds were used. Their action will be found much more satisfactory than the tincture or fluid extract or the alkaloid, possibly owing to some extractive matter not found in the preparations. The usual dose is from four to ten seeds, to be chewed up fine and swallowed every half, one, two, three or more hours apart. We admit that the dose is quite small, but yet it is no decimal dilution.

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**ART. IV.—Past and Present: Then and Now.** The President's Annual Address. Delivered before the Illinois State Medical Society at Quincy, Ill., May 16, 1882. BY ROBERT BOAL, M. D., Peoria, Ill.

During a professional life of over half a century, I have occupied no position which has afforded me greater pleasure than the one with which you have honored me to-day.

To preside over an association embracing so large a share of the ability, reputation and intelligence of the medical profession of the state, is at all times an honor to be highly prized, but to me it has an added value from having witnessed its birth and watched its struggles through infancy and youth up to manhood.

A generation of human life has almost passed away since a few earnest and active members of the profession, twelve in number, in the library room of the old capitol in Springfield, organized our present association, the Illinois

State Medical Society. From this small beginning it has grown to its present proportions, and the twelve has been multiplied into hundreds of active and intelligent members.

To one who has lived through, and witnessed it, the marvelous progress that has been made during the past fifty years in population, wealth, in science and the arts—in liberty, law and human rights, in a degree never before known in history, is a subject of unceasing interest and admiration. I trust I may be pardoned, therefore, if I depart from the custom of addressing you upon subjects usually selected for such occasions, and for the short time I occupy your attention contrast the past with the present, the then and now. It is oftentimes well to look back at the past, and pause in the race of human life and measure the path over which we have trod, for the experience of the past, with its joys and griefs, its successes and failures, if wisely used, may teach us lessons of duty for the future. History contains no record of a people whose progress has been so rapid and marvelous as our own. What wonderful changes a half century has wrought! Then our population was a mere handful, now it numbers over fifty millions. Then our resources were undeveloped, now they are vast and varied. Then our territory was comparatively small, now it extends from ocean to ocean. Then our own great state was sparsely populated, now it is the fourth in population, and among the first in enterprise, intelligence and industry. Then the beautiful city in which we are assembled, as well as the one from which I come, were mere hamlets; now they number their thousands of industrious and enterprising men and virtuous, refined and cultivated women. Then the great city which sits so grandly at the foot of Lake Michigan was a quagmire, now it has become the glory and pride of our state, the wonder of the age, and the admiration of the world. Then our means of communication and travel were by stage coach, canal and steamboat, and were slow and often interrupted; now every part of the country, however remote, is bound together by bands of iron and steel, and the ponderous tread of the locomotive, as it moves with the rapidity of the weaver's shuttle, is heard over every portion of our widespread land,

almost annihilating time and distance, making us one people, with one country and one great future. Then intelligence of events, however important, reached us by mail or messenger long after they transpired; now for this purpose we have brought into marvelous use the subtle and mysterious electric current. Then its powers and capabilities were comparatively unknown, now we know the agencies that can control and develop it, and have since the first message sent by Miss Ellsworth, "What hath God wrought," caused it to encircle the globe, and made it the "swift messenger of mortal thought and the obedient instrument of human will." Then the interchange of thoughts was made either by letter or in person, now from our offices, our firesides and places of business we can converse with friends, prescribe for patients, transact business, send and receive messages of congratulation or condolence, and hear sermons, lectures or speeches miles away. But while all this marvelous progress and change excites our wonder and admiration, it is to the contrast between then and now in our own profession to which I ask your attention.

Fifty years ago the agencies and facilities for obtaining a professional education were few and far between. Then but two medical colleges were in existence west of the Alleghany Mountains—the Medical Department of Transylvania University at Lexington, Kentucky, and the Medical College of Ohio, founded by that giant in the profession, the late Dr. Daniel Drake; now towns of fifteen or twenty thousand inhabitants boast of at least one medical college. Then a faculty, composed of five or six professors, with an occasional adjunct, was deemed a large and imposing one, in numbers at least, whatever else might be said as to its qualifications in other respects; now in every medical school, however small or obscure, a long list of professors of every conceivable subject in the profession is published and the doctrine of the division of labor has been carried out to an extent hitherto unknown.

If, half a century ago, our educational facilities were meagre and inadequate, have we not now gone to the other extreme and multiplied our colleges until the supply is

greater than the demand ? Has not the competition among these numerous institutions lowered the standard of professional qualifications by holding out inducements to students to enter them, without the necessary preliminary education, and narrowing the requirements for graduation to such a degree, as to send forth illiterate and incompetent men, thereby imposing upon the public and bringing a reproach upon the profession ? If we are to be afflicted with this swarm of medical colleges, permit me to suggest whether it would not be wise to utilize them, and circumscribe their evils by placing them in the same relation to the established and reputable metropolitan schools that in our educational system the high school and academy sustains to our colleges and universities ? If we could deprive the majority of these institutions of the power to confer degrees, and let them fit the student for entering medical colleges located in the great centers of population, where only clinical instruction and facilities for dissection can be obtained, as an academic course fits for entrance to a literary college, they might then become useful adjuncts in securing for those who desire to enter the profession the best and highest qualifications, and to the public the services of competent and educated medical men. Free trade as a doctrine of political economy, and competition to regulate transactions in the commercial world, may be all right in their way, but neither is applicable to medical education. The remedy (if any) rests mainly with the profession. Let it discountenance as far as practicable the establishment of colleges where they are not needed. Let it in the name of humanity demand and endeavor to procure such regulations and enactments as will deprive these small, obscure and numerous institutions of the power of conferring degrees in medicine and accrediting the illiterate and incompetent to the community. The people seldom discriminate between those who are called doctors. A doctor with them is a doctor, no matter where or how he has been educated, or whether he has been educated at all; and the superficial, ignorant and cheeky possessor of a diploma, often bought outright, is as likely to share the confidence and patronage of the community as the most

competent and meritorious physician. How or when (if ever) this needed reform can be effected it is hard to say. It is to be hoped that the progress of the age and its requirements will wake up the public to the fact that for its protection and safety, not that of the doctors, such reform is needed.

Then the practice of medicine in all its departments was pursued by the same individual, now we have specialists for every branch of the science and art of medicine. Then every practitioner was physician, surgeon, obstetrician, gynecologist, ophthalmologist and dentist; now all these are special subjects of study and practice, and as a result wonderful advances have been made in these branches of the profession, and life has been rendered more-tolerable and happy, through the skill thus acquired. Then the treatment of disease was generally heroic—calomel, antimony and venesection were the common and indispensable remedies; that they were useful and potent remedial agents, and in their day did much good, is true, but it is equally true that their lavish and indiscriminate employment did great harm. Where is the physician of the present day who would have the temerity to repeatedly bleed a patient "*ad deliquum animi*," and keep him nauseated for days upon tartar emetic to cut short a case of pneumonia or pleuritis? Where is one to be found who would administer scruple or half drachm doses of calomel, or a correspondingly large amount of antimony, every three or four hours?

Now, we have perhaps a better knowledge of disease and a better practice founded upon it, yet it may be questioned whether we have not lost much that is valuable by swinging to the other extreme;—becoming too largely expectant in our treatment of disease, and abandoning the use of remedies, which if properly directed, are capable of accomplishing so much good. Who performs venesection now? Some of the older members of the profession may occasionally practice it, for it is not easy to forget the lessons of their youth. To most of the younger it is a relic of the past and lives only in history. It has been aptly characterized as one of the "lost arts" by a distinguished

eastern professor, when a few years ago he so ably and forcibly urged its restoration. Then every practitioner was his own druggist and pharmacist. He made his own pills and tinctures, compounded all his medicines, and generally carried all he required, as with saddle bags on his arm, astride his horse he wended his way from house to house, administering to the sick and ailing, always welcome, and often regarded as an angel of mercy, although his homely garb and rough appearance looked anything but angelic. The life of the doctor of that day was one of peril, toil and privation. Now it is one of comparative safety, ease and comfort. Then the country was thinly settled and his rides were long and solitary; now it is populous, the doctor's excursions are short, and he seldom lacks companionship. Then his patients were scattered over a wide extent of territory, and his travel was mostly performed on horseback, and its extent and duration was measured only by the power of endurance of himself and his horse; now the area over which even the country physician travels is limited to a few square miles, and he jogs along in his buggy and carriage without discomfort or fatigue. Then often on his errands of mercy, he swam his horse over swollen streams, or made a long detour to enable him to cross or avoid the still more treacherous sloughs, sometimes following for miles a trail or path which he was liable to lose at any moment, with no living thing around him save the sneaking and cowardly prairie wolf or a herd of startled deer; now the swollen streams are bridged, the sloughs have been drained, and the broad highway has succeeded the trail and bridle path. Then, often whole days and nights were spent in the saddle without rest, except a few snatches of sleep, sometimes taken on horseback, sometimes in the lonely cabin of the settler; now, in the abundance of the material with which the profession is supplied, no such sacrifice of ease and comfort is required. Then, at the call of sickness or pain, he promptly responded, whether in the sunshine or the storm, or in summer's heat or winter's cold, traversing in his long and dreary journey great stretches of prairie, blackened by the annual fires which swept over it, his vision resting upon nothing save

the black and cheerless plain spread out before him. The country was new, the doctors young and few in number, and no demand for services could be refused upon any pretext, save that of absolute inability to mount a horse. Every emergency, however grave, he was obliged generally to meet alone and unaided, for it was seldom assistance could be procured without too great an expenditure of time and money. Necessity made him self-reliant and courageous. Now, cultivated fields, neat and comfortable farm houses, have taken the place of the burnt prairie; doctors are plenty, and many of them are no longer young. Then the doctor was poor in purse, for his services were often paid for in promises, and seldom in money. Greenbacks were unknown, but "wild cat" was plenty and of little value, and the fees were small. The best and most reliable circulating medium was the products of the country, called by the people "truck," and with this the doctor was most generally paid. Now, while few physicians are rich, nearly all make a comfortable living; their services command higher prices, and when they are paid for them (which is not always the case) it is in money good everywhere.

Then, the dependence upon each other, and the kindly life of a new country gave the doctor a strong hold on the affections of those among whom he lived and labored. They loved him while living and mourned for him when dead. He did not know as much then as we do now, and as we look back we are sometimes inclined to wonder at his ignorance, and yet some of them were scholarly and educated men, and perhaps knew some things of which we are ignorant, and which it would be profitable to learn.

What was required for the outfit of a physician of that day and his mode of practice is well illustrated by a story told by one of the early presidents of this society—the late Dr. Rouse. On his arrival in the then small village of Peoria, he was warmly welcomed by the only physician there. He observed that the resident doctor had a large pair of saddle bags stuffed tolerably full; his curiosity was excited to know the contents, and upon asking the doctor what they contained, he readily opened them and disclosed an old spring lancet, three or four pounds of epsom salts,

a pound or more of calomel, a similar quantity of nitrate of potash, and from one quarter to a half pound of tartar emetic. As Dr. Rouse was a stranger and was supposed to be unacquainted with the practice in a new country, he kindly undertook to instruct him. He informed him that sometimes when called to see a patient, if he was plethoric, he bled him and gave a large dose of calomel, followed by epsom salts. At other times on first seeing the case, if the tongue was coated and nausea was present, he gave an emetic of tartrate of antimony, followed in due time by the calomel and salts. If the stomach and bowels had been thoroughly evacuated, he then gave nitrate of potash and antimony in small and repeated doses, interspersing between them moderate doses of calomel. Then turning to his listener he said in the most serious manner, "so you perceive, doctor, it is necessary to vary our practice in this new country."

Nor is this an overdrawn picture. The practice in that day after venesection was premised, consisted mainly in the administration of calomel and jalap in a large dose when first called to a case, and then continuing the use of calomel alone in small and repeated doses, supplemented by nitrate of potash and James' powder or tartrate of antimony as a febrifuge. As a result pyalism was the rule, not the exception. Many a doctor of that day labored under the delusion that when his patient's salivary glands were swollen, his mouth sore and running a stream, the disease was subdued and convalescence follow. So deeply rooted was this belief in the minds of most of the practitioners of that day, that the death of a patient treated to a profuse salivation was a mystery they could not fathom. The only solution ever given, was that the mercury had acted locally, and thus failed to impress the system; consequently the patient died. Quinine was sparingly used. The people had a prejudice against it, and its remedial powers, as we now know them were little understood. The recurrence of paroxysms and exacerbations in febrile affections, their periodical return, and means of prevention was seldom taken into account, with a few exceptions, by a majority of the practitioners of that time. The early

practice of medicine, especially of our own state, which was then the West, reminds one of the epigram of a century or more ago, upon Dr. Isaac Lettsom, who is made to say of his patients:

I physics, bleeds and sweats 'em,  
And if they die, I Lettsom.

Now instead of the large and nauseous doses, clumsy pharmacy and crude substances of that day, we have their active principles, and our pills, extracts and various other preparations are so elegant in form and disguised in taste as to be acceptable to the most fastidious stomach. Then none of the different schools of medicine so-called were in existence. The disciple of Hahnemann, and the dispenser of infinitesimals was unknown, and the eclectic was a monad. The only school, if it deserves the name, was the one founded by Samuel Thompson, a shrewd but ignorant and illiterate man. His followers called themselves Thompsonian—sometimes botanic physicians, but the people with a keen appreciation of the fitness of things, dubbed them steam doctors. His theory of the origin of disease was very simple and his practice corresponded with it remarkably well. As Hahnemann referred the origin of all diseases to one cause—itch, so Thompson insisted they all arose from what he called “canker,” though what he meant by the term neither he nor any of his followers could tell. Their efforts, however, were directed to the destruction or expulsion from the system of this imaginary morbid agent. In order to destroy and drive this demon out of the body, he was vigorously attacked internally by lobelia, capsicum or the favorite No. 6, a tincture of capsicum, myrrh, etc., and externally by steam or vapor generated by means of water thrown upon hot stones, or boiled ears of corn applied to the body until profuse sweating was induced; hence they obtained the name of “steam doctors.” A portion of their stock-in-trade consisted in denunciation of the “Mineral and Calomy Doctors,” and truth compels the admission that it was not always undeserved. This was the germ from which the self-styled eclectics grew, matured and blossomed.

Then with the exception of some of the Atlantic states, we had few local and no state societies; now every state in the union, without probably an exception, has its society, numbering among its members the best elements of the profession, all engaged in earnest endeavor to advance its interests and increase its usefulness. But notwithstanding these praiseworthy efforts on the part of the state societies, many of the best minds in the profession question whether, as they are ordinarily conducted, they are as useful as they might be made. It is thought by many that the time of the societies is too much taken up with voluminous reports from committees, and the reading of papers whose length would make a good monograph upon the subjects of which they treat; that instead of short and condensed papers, giving the practical experience and observation of the writers, what are called "exhaustive papers" are read—exhaustive in more senses than one, for they not only exhaust the subject but the patience of the listeners. A fraction of time only can be devoted to the discussion of the topics introduced. A few of the more prominent and active may briefly discuss the subject, while the great body of the members remain silent and take no part. In my judgment there is force and truth in these criticisms. If the papers presented contained only the results of the experience and observation of the writers; if they were brief and to the point, and if an opportunity was given to all who desired to participate in the discussion and present their views upon the topics introduced, much valuable knowledge would be gained which is now lost. Upon all subjects connected with medicine and the collateral sciences, the investigations should be original and the results stated concisely and clearly. Too many of the papers read are mere compilations, and which, while they may seem to show the research of the writers and their creditable acquaintance with medical literature, are neither profitable, instructive nor interesting.

Then no national association and no written or formulated code of ethics was in existence—"everyone was a law unto himself." The amenities of professional intercourse and the obligations of medical men toward each other and the

public were then as well, perhaps better, observed than now. There was no national or state tribunal to take cognizance of any infraction of ethics, yet it was seldom an unprofessional act was committed. Is it so now? Has not the passion for accumulating wealth, and an ambition that seeks notoriety rather than honorable distinction, that, regardless of the rights of others, casts aside any obstacle that seems to impede its progress, led to such violations of both the spirit and letter of the code as to degrade the profession in public estimation? Then the doctor, next to the minister, was the trusted friend and counsellor of every family to whom he ministered. His advice was sought, not only professionally, but upon almost every other matter. He shared their joys, soothed their sorrows, and every passing year added to and cemented the attachment and affection between them. Now the doctor is regarded more in the light of a tradesman or mechanic, and is employed from the same considerations that a grocer, tailor or shoemaker are. The strong ties of gratitude and affection which then bound physician and patient together have almost ceased to exist. Their relation is now placed upon a mere commercial basis, and for this the profession is more to blame than the public. Unfortunately there are too many in the profession who neither respect it nor themselves. If they did they would respect the rights of their brethren engaged in the same pursuit. They would be guilty of no unfair or dishonorable acts, nor practice any petty acts, or indulge in degrading rivalries or jealousies to build themselves up at the expense of a competitor.

Then woman was not known or recognized as a practitioner of medicine. If any of the sex engaged in practice, it was as midwives, nurses, or the dispensers of roots and herbs; now the profession numbers in its ranks many intelligent, educated and able physicians of the other sex. Then they were not admitted as students to any medical college in the land, now schools have been established for their instruction, and the barriers which custom and education erected have been broken down, and the tendency of the times is to enlarge and widen their sphere of labor. As teachers and practitioners some are the peers and others

will compare favorably in qualifications with those of the sterner sex. In some of the departments of medicine they are excelled by few of their male associates. And here let it be said, to the credit of the Illinois State Medical Society, that it was among the first to recognize the professional equality of the sexes by admitting women as members and selecting from their number one of its vice presidents. By this act it honored woman—honored itself and set an example worthy of imitation by others.

In the department of surgery what wonderful advances have been made. Then disease and pain rested like a dark shadow over its victims, irradiated by no gleam of hope. Then the surgeon required a keen eye, a steady hand and a stout heart, to pursue his cruel task amid the groans and anguish of the gagged and bound sufferer writhing in unutterable pain; now, thanks to advanced knowledge and the skill thus acquired, but above all to that greatest of modern discoveries, anæsthetics, human suffering has been alleviated—the knife has lost its terror, for the pain it inflicts is no longer felt, and the most formidable diseases and injuries, which 50 years ago were left to end in death, are in many cases amenable to cure. Then the removal of any of the internal organs, or of tumors and growths upon certain external parts of the body, was never undertaken or even thought of by the wildest imagination; now many of the organs formerly regarded as essential to life have been removed wholly or in part with surprisingly successful results, and the lives of thousands in all parts of the world has been prolonged. Then the sufferer endured unmitigated anguish, now it is no longer felt; every part of the human body is explored, and organs are exposed which it was then thought could not be done without causing death. All morbid growths, both internal and external, which were then regarded as incurable, are now either arrested in their development or removed. Electricity in its several forms has been brought into use, not only for this, but many other purposes with wonderful success, and the limit of its power and employment has not yet been reached. Then the surgery of the eye and ear was confined to a few simple operations, with uncertain results;

now these wonderful and delicate organs are treated with so much skill and success that cure of disease and restoration of function is the rule, accidents and organic disease the exception. Then surgical instruments and appliances were comparatively few, and often clumsily constructed; now they are wonderful examples of artistic skill and ingenious invention. Our ophthalmoscopes, laryngoscopes, spectroscopes, and other ingenious inventions now light many of the dark caverns of the human body, and reveal to sight hidden organs and their morbid conditions, thus rendering their treatment or removal more certain and practicable. Then little was known of that branch of medicine and surgery that bears the hard Greek name gynecology. A vaginal syringe, an astringent wash, given to the patient to use *pro re nata*, composed the sum and substance of the treatment of the greater portion of female ailments. The revelations of the speculum and other improved modes of examination and exploration were unknown; now, every medical college, however small or obscure, has its professor of gynecology, and the medical and surgical diseases of women are made a special study, and thanks to the knowledge and skill thus acquired, suffering women all over the civilized world have been rescued from pain and disease, and given a new hold upon life; no department of the profession has made greater progress than this, or whose labors and investigations have been attended with more beneficial results. For what it has done it deserves commendation in all respects save one—its nomenclature. Whatever may be the cause, whether it arises from the nature of the specialty or the idiosyncrasies of its profession, it is hard to say, but for every ailment, every operation or procedure, a name of "learned length and thundering sound" has been ingeniously and laboriously constructed, for which a shorter and simpler one would convey as good if not a better idea. This fondness for the coinage of hard names may be proper, and not a legitimate subject for criticism, yet in reading works upon gynecology, one cannot sometimes avoid thinking that their author, like the character in the play, "had been at a feast of languages and stolen all the scraps."

Then, in chemistry, pharmacy, the collateral sciences and their application to medicines, to the arts, to the alleviation of suffering and the prolongation of human life, our knowledge was comparatively meagre and unsatisfactory; now chemistry has given us that greatest of all modern discoveries as applied to medicine—anæsthetics. It has given us disinfectants and antiseptics, by which noxious gases and other germs of disease are neutralized or destroyed, health promoted and life saved.

Pharmacy now furnishes the palatable and elegant preparations we daily prescribe, instead of the revolting and nauseous ones then in use. Little attention was then paid to that department of medicine; now colleges are established for the education of pharmacists, and instead of ignorant dispensers and compounders of medicinal agents, we have an intelligent and educated body of men thoroughly qualified for their work. Then, of hygiene or the laws which promote individual and public health, little was known or understood; now we know the influence which foul air and bad sewerage has in causing and disseminating disease. Then little attention was paid to the prevention, introduction and spread of epidemic and contagious diseases; now a more effective quarantine rigidly enforced—a more complete isolation of the infected and other prophylactic measures, which a better knowledge of the laws of health have caused to be adopted, have deprived them of much of their terror, and added greatly to the sum of human life.

Then in few of the states of the Union was attention paid to public health, now many of them have created State Boards, and almost every municipality has its health officers or authorities co-operating with them. In our own state, the Board of Health created by its authority, has during the few years of its existence accomplished creditable results. "It has driven a large number of ignorant and fraudulent pretenders from the state, or compelled them to abandon the practice," and this, too, under the provisions of a "medical practice act" confessedly imperfect and in many points objectionable. In enforcing quar-

antine and sanitary regulations, in circumscribing and preventing the spread of contagious diseases, notably the small-pox epidemic of the present year, the Illinois State Board of Health has exhibited a commendable zeal and discretion, and is entitled to the confidence and support of both the medical profession and the people.

In many other particulars the contrast between the past and present, then and now, might be drawn. The advances in physiology, pathology and the wonderful revelations of the microscope are of themselves fruitful themes for consideration. But I am admonished to refrain from trespassing upon your time or exhausting your patience by continuing the subject. Let me say in conclusion that judging from the past thus imperfectly sketched, the future for the profession of medicine is full of promise. It is perhaps not too much to say, that we may hopefully look forward to the time when one obstacle after another will be overcome, one new and useful discovery after another be made, until no physical evil, but death, will be beyond the reach of human skill.

Ladies and gentlemen of the society, indebted to your kindness for the position I occupy to-day,—appearing before you as one of the only two now living who aided in the formation of this society,—with the memories of half a century thronging around me,—worn and wearied with the journey of a long life, now near its end, I heartily thank you for this the last earthly honor I shall probably ever receive. I trust our present session may be interesting and profitable, and that during the coming years and long before another generation passes away, the Illinois State Medical Society will have achieved a reputation and exert an influence in the profession, worthy of the great state whose name it bears. For yourselves individually, let me express the hope that each and all will prove loyal to the profession, and by neither word nor act bring dishonor or disgrace upon it, but strive to elevate and make it what it is, and ought to be, the highest and noblest of human pursuits.

ART. V.—*The Duty of the Physician to the Medical Society.* The President's Annual Address, Delivered before the Brainard District Medical Society. BY S. T. HURST, M. D., Greenview, Ill.

*Members of the Brainard District Medical Society:*

It now becomes my duty, in accordance with our custom, to tax your patience with some remarks as I retire from the honorable position which you gave me a year ago.

As there have been no startling new discoveries in the healing art during the past year, which I might recount here to-day; no important changes in the general principles governing our practice, I shall use the time allotted me in giving you some thoughts relative to the duty of medical practitioners of to-day, in regard to the advancement of all the interests pertaining to the profession generally. Permit me here to speak plainly upon this subject. The matter first of importance is supposed to be organization, medical societies or associations, or whatever name it may be known by. Now let us inquire what are medical societies for, what their aim and destiny? Society itself is a natural result of opposition from some source or other; it may be a human foe; it may be the adversities of life entailed upon the human race in the Garden of Eden, which branches out in all directions, such as poverty, misfortune and disease of every name bring to us. Mutual aid and comfort were designed in the creation of man. This idea has extended and expanded with the necessities of the case, until the present time; hence we now have almost an innumerable list of organizations, each intended to supply the wants of its members in its own particular sphere. Societies will pass out of existence only when there is no longer any need of them felt; and hence we may conclude that they are destined to continue till the end of time, though doubtless with many changes and improvements.

The medical society is but a comparative young brother of the many organizations of the world, and yet it has done as much in the direction of its purpose, perhaps, as any one of the legion. The medical society, as are all others, is founded upon the principle enunciated long ago by the wise man of Scripture fame who said, "In the multi-

tude of counsel there is safety," and also upon the more modern axiom that "in union there is strength," the truth of which is admitted by all. But if we take the actions of the members of the medical profession generally, and more strictly the membership of our societies as our guide, we naturally conclude that a great many consider themselves safe enough, and abundantly strong for all practical purposes; for the majority, perhaps, are not members of any medical society at all, and very many of the membership are absent from the meetings more often than present. We know this to be true in our district society.

Without detaining you here to-day to argue the importance and usefulness of medical conferences, I shall rest in the belief that all who are alive and awake are thoroughly convinced that there are great benefits derived from them. But just how the good is to be appropriated and disseminated, does not appear to be fully understood by a very large number of the profession. Were it so, the per cent. of attendance would surely exceed anything we now see. Punctuality in attendance marks the vigor and interest in any society, be it political, religious, humane, commercial, legal, medical or what not, and we may all see plainly that at this age, in medical associations, especially is this true. This being the case, let us inquire after the attendance of our district society; for we consider this of first importance, as it is primary, and a stepping stone to the higher organizations of the state and nation.

I am sorry that this paper was commenced too late to obtain from our secretary the exact figures, but will venture to approximate the ratio, and if any think I put it too low, an examination of the roll will perhaps satisfy the most skeptical.

During the five years that this society has had an existence, the attendance has averaged about thirty-five per cent., and at some of our meetings as low as twelve and a half per cent., and some were attended by seventy-five per cent. of the membership. It surely does appear that all live members (and we all belong to that class) could find time to attend at least one-half of the meetings, which are held quarterly, and for but one day, and at a

point where eighty per cent. may reach it by railroad and return the same day. Let each one find the cause for himself, why this is so. What effect has this meagre attendance upon the society? First, it reduces us to the necessity of having most of our time taken up by extemporaneous matter, such as oral reports of cases and discussions of them, instead of the well-prepared essay of some member assigned to it at a previous meeting. Such essayist frequently is absent, thus we must take up some new subject, and the meeting is less profitable and instructive than it should be.

Important committees are appointed annually which could be of much service, but this same disease has reached the committee, and we scarcely ever get a full report from them, because some or all are absent. Thus the effect upon our society here, is to very much reduce its power to do good.

What is the effect upon the membership? Those who remain away (and they are often in the majority) are neither benefited themselves, nor beneficial to those who do attend. Any person isolated thus from the great and good influences of his fellows, is apt to grow selfish in his calling, stupid in his investigations, and contracted in his views. This is so of any organization whatever; and just to the extent of his absence does he lose interest in all that pertains to the society. We here see that while the member is thus injuring his own usefulness, he is also crippling the society; and much of the material interest in each other, which is one of the prime objects of the society, is lost. The advancement in our ideas and knowledge of the symptoms, pathology and treatment of disease gained at the meetings, is also lost; and such a member is (whether he thinks so or not) less capacitated to fill his place in the high calling he has chosen, and has less confidence in his mode of management of his cases, than he would or should have if he attended the society meetings regularly, and participated in the various subjects brought before it.

At a meeting like ours there is a fair opportunity given for everyone to give his views upon all questions under

discussion, and therefore there is no reasonable excuse for a want of interest. Why are matters thus? Why not a larger rate of attendance? Can it be that the district society is too small a body for the consideration of the best talent we have? That it has not attained great notoriety throughout the state and union, and therefore too small an affair to engage their attention? or lastly, is it because there is nothing more to learn, and they are not disposed to impart any of their knowledge to others less fortunate? In either case the neglect to attend is bad, and the result is likewise bad for all concerned, and is not mitigated by the circumstances of the case in the least. I am not here speaking of the member who is unavoidably detained, for there are such cases and are always excusable. This same neglect of attendance seems to be affecting the state societies in many of the states. Perhaps the average per cent. of attendance of our state society agrees very well with our district society. In fact if we make real, instead of nominal attendance the rule, I doubt whether it will have as good a showing; for many who are reported as attendants, spend much of the time of the session at other places than in the society, and only learn what is done at the session when they receive their report. This I know from actual observation. The result of this may be seen in the great Empire State of New York, where a few weeks since, when but a small per cent. of the members were present, and we are informed mostly composed of the specialists, adopted a code of ethics of their own, which virtually severs its members from the regular school of medicine, and from the American Medical Association. And at this time, many of the best men of the state are loud in denunciation of the act. How much better it would have been for these men to attend and vote such measures down when proposed.

Our own state society has been bored from time to time by papers which indicate that there is unrest on the part of some of its members, who seem to think that the profession is endangered by *something*, and this something seems to be the ignorance of the average doctor graduating the last twenty years or more. Hence medical education

papers, advocating advanced scholarship before admitting the student into the medical college, and others seemingly trying to remedy this supposed evil by repeated lecture terms at college; and still another class who seem to think that the present colleges are too lax entirely, and therefore advocate the establishment of more colleges, etc. Such papers usually point to some new institution, with a big name for a send-off, where the noted pessimists shall be able to graduate a full class annually of the higher education sort, when indeed there are quite enough medical colleges to supply the demand, and the attempts to advance the grade of the profession by increasing the numbers of the schools where men are graduated has been a failure in any such purpose. All such three-termers, four-termers and all such nonsense and bosh, would only take up time that could profitably be devoted to subjects which at least would not savor so much of mercenary motive and selfish ambition; and it is but fair to conclude that this will only be the case, when the society is fully attended by its members. The records of the meetings do not voice the profession of the state, because the greater part of the members are absent.

Well, what can be done to remedy all this seeming difficulty? Let every member of the profession in our district, who is eligible under the constitution, be invited to become a member and urged to attend the meetings, and then urged to become members of the state society and punctually attend it; then will there be little danger of the general practitioners of our state being bored with papers intimating that all but the specialist are but ignorant empirics, by quoting the following: "These are the men of whom it has been said, they have three shots in their locker, iron for weakness, a strengthening plaster for back-ache and an alum wash for leucorrhœa."

While it is the duty of every member of the profession to lay his foundation broad and deep, and continuously build upon it while life lasts, there is no better way to regulate the standard of capacity, than to let it regulate itself. The people will retire the old when better ones

come, and only then, and it is notable they are not retiring them very fast.

Ladies and gentlemen of the Brainard District Medical Society, let us lay aside all petty strifes and jealousies, and by our mutual assistance and encouragement sustain ourselves amidst this clamor for favoritism and wild speculation, and see to it we each make one of the number at each of its meetings; by so doing we shall be able to thwart the design of all who would sever the bands which should ever hold our noble profession together. It is safe to say that the profession is not much cursed with persons who are idle in their calling, but is mostly made of live progressive material—of men and women who are well up in the literature of our day, and especially the medical literature. (I mean in this the regular profession, and not quacks.)

When united in purpose and working for the common good, then will we have an influence over legislation, and also over the high toned pseudo-educators of the medical world. The whole fraternity (and sisterhood too) will be honored by the world of mankind. The medical profession of the United States, already in the lead of the world in many things, has a bright future before it.

Let us add our mite to the *real* rather than the fancied advancement heard of so often nowadays; and the millenium will in its own good time come, when the profession of the whole world shall be freed from all traces of "Hahn-emanian," "Thompsonian," and all other noxious excrecences with which it is now cumbered. Thanking you for the honor you conferred upon me a year ago, and for your kind assistance in the duties of the position, I bid you God speed.

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ART. VI.—On the Duties of the Public to the Medical Profession. The Annual Address before the Adams County Medical Society, May 8, 1882. By F. DRUDE, M. D., Quincy, Ill.

GENTLEMEN: The by-laws of the society require the president to address you at the annual meeting, and in complying with this allow me to mention that we have admitted during the past year four new members; but Drs. Atwood, Clarke, Hess, Niles, Harris, Roe and Roeschlaugh

have left the city and county, leaving us three less than at the beginning of the year. A large number of our members are in arrears with their dues, and I would suggest that this society should take some steps to compel them to pay up. According to the books of the secretary there are fifty-three dollars in the treasury.

The Code of Ethics has quite an elaborate article on "The Duties of the Profession to the Public," while the subject of the *Obligations of the Public to the Physician* is but slightly touched on. I may, therefore, be permitted to expatiate a little more on it.

Well, educated people even, treat their physician oftentimes in a regardless manner, while they demand from their doctor that every consideration should be observed. How can we then expect, that men who have not the slightest knowledge of the human body or of physical laws, will act with more regard toward us? Frequently we hear such unwarranted expressions: "That patient is under false treatment;" or, "if the doctor had applied leeches or bled him, he would have got well by this time;" or a similar phrase: "if the patient had sent from the beginning of the disease to Dr. B., he would have been well by this time, but Dr. A. made too light of the case;" or, "our friend ought to have been treated by our celebrated homœopathist."

All such remarks show a vast amount of ill breeding, if not more—impudence; for no man should render judgment in a business which is too subtle and beyond his comprehension and knowledge.

Wealthy people—particularly such who have at a sudden acquired riches—are but too apt to classify their doctor together with their servants, as there are many instances in the memory of old practitioners. Want of confidence and faith is often creative of great mischief, because an open exposition of the cause and nature of the disease would greatly facilitate and assist the physician in his efforts; but if the patient cheats the doctor by false stories and self-made hypothetical theories, it becomes almost a criminal act.

There is still another anomaly often occurring: Patients ostensibly have their physician visiting them and prescribing for them every day, while they do not use his remedies, but make use of the treatment of some quack or old woman clandestinely. This occurs but too often, and we do not know it; but later. *One word* about the way and manner of *summoning* a physician. There are cases in which speedy, immediate help is necessary, and it is wrong to refuse or defer a visit; but in a great majority of cases the patient has been sick for some time, may be for days. Now the messenger comes—in day time, or rather in the night hours—and wants the physician “right away.” Such a desire borders next to impudence, and who has not experienced this often?

It may be pardonable, if a wealthy patient, for a slight ailment, prefers the physician to call, than that he calls on the doctor; but it is impertinent if he tells the doctor that he can afford to pay for a visit.

Nothing however is so disgusting as to hear from the patient or his friends, propositions how to proceed in the treatment of a case. Some people have no feeling or understanding. How insulting to the physician are such like remarks: “Would not a steam bath be beneficial?” or “a good stomach strengthening remedy, I think, would be proper;” or “what do you think if we would make the patient sweat?” or “how would friction do?” or “how about magnetism?” It certainly requires all the patience and fortitude of the attending physician to keep cool and dignified. On such occasions a true physician has to overcome in a calm convincing manner all prejudices and superstitions, and show the patient a self-government and self-confidence which ultimately will prevail.

It is certainly in bad taste and regardless, if a friend meets a friend and expresses himself: “How bad do you look! How pale and emaciated you appear! Have you been ill? You look dreadful!” But if a physician meeting an old customer uses indiscriminate language, it is unpardonable and often creative of great mischief. Fools only make such expressions.

If a physician seeks a recreation at a public place, he is very apt to be accosted and entertained by some hypochondriac about his real or imaginary ailment. Nothing is more disgusting.

It is not my intention to commit plagiarism, but I am ready to confess that some leading ideas are derived from old Dr. Carl Bock's, professor in Leipsic, lectures on the material obligations of the physician and public.

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### Society Transactions.

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#### Peoria City Medical Society.

MEETING OF MAY 2, 1882.

President J. L. Hamilton in the chair. Dr. Robert Roskoten read an interesting paper on "Herpes Zoster," which is published on page 54 of this number.

#### DISCUSSION.

DR. COFFEY had recently had a personal experience with *herpes cruralis*, and gave a graphic description of its prodroma. He called attention to a peculiarity of this affection, to-wit: that while it may be considered in a certain sense a constitutional disturbance, it is not accompanied with fever, but is manifested entirely through the nervous system.

In the treatment of his own case he derived most relief after the application with a camel's hair brush of a 15 per cent. solution of nitrate of silver, followed with the free use of a solution of acetate of lead. Internally, he took quinine, and each morning a saline laxative.

DR. MURPHY took exception to herpes being considered in any sense a blood disease. He regards it a nervous affection *pur et simple*. Constitutional treatment of his patients has given no direct results, and is highly unsatisfactory, having in his hands no effect in shortening the duration of the disease.

Locally he uses a firm piece of felt, covered by a thick layer of cotton saturated with olive oil, and binds it firmly upon the affected parts. The results have been very satisfactory, relieving the pain quicker and more perfectly than any other method ever adopted by him.

The bandage must be tight enough to rupture the vesicles, and it is upon the rupture of the vesicles that the speaker thinks the merits of the application rests.

DR. BROWN has generally found some derangement of the digestive organs in patients suffering from herpes, which always requires proper treatment. He thinks this a self-limited disease and must run a certain course. Locally, he uses the benzoated oxide of zinc ointment.

DR. JOHNSON considers the seat of the disease to be in the vaso motor nerves, not in the nerve trunks.

DR. BOAL coincided in the opinion expressed, that this is purely a disease of the nervous system, and does not believe that it can be cut short by any treatment. Palliatives therefore have proved most satisfactory.

The old popular treatment fifty years ago, was the blood from the tail of a black cat bound firmly over the eruption. He does not think the disease as frequent as it was twenty-five years ago.

DR. STEWART recommended as a topical application an emulsion of almonds containing a few drops of hydrocyanic acid. This has afforded his patients more relief than anything he has ever tried.

DR. McILVAINE said that from the experience he had recently had with several cases of erysipelas, he would use in herpes a solution of a drachm of borax dissolved in one ounce of glycerine, and thought this would afford speedy relief. He also mentioned the local use of tincture of iodine, which in some cases seemed to cut short the trouble.

DR. COFFEY wished to correct a misapprehension arising from his former remarks. He regards herpes as a nervous disease, but with some symptoms of constitutional disturbance.

DR. HAMILTON said he regarded herpes as a self-limited affection, and did not think abortive efforts of any avail. He used palliative treatment and let time cure his patients.

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#### Brainard District Medical Society.

This society met in Mason City, Ill., April 27, 1882, the following members being in attendance: Drs. P. L. Dffenbacher, of Havana; J. W. Newcomer, J. D. Whitley and C. E. Elliott, of Petersburg; J. S. Kennelly, of Easton; S. T. Hurst, of Greenview; M. Hurst, of Sweetwater; Robert Barger, of Hopedale; W. S. Watson, of New Holland; Elizabeth S. Norred and Catherine Miller, of Lincoln; J. P. Walker, A. M. Bird, O. P. Crane, J. W. Spear, J. A. Walker, of Mason City; Nathan Holmes, of San Jose; A. E. Prince, of Jacksonville; A. F. Burnham, of Ashland; J. S. Geigley, of Lewistown; P. A. Rosenberger, of Greenview,

and Dr. Fitz, of Chicago. This being the annual meeting, officers were chosen for the coming year as follows:

President, Dr. A. M. Bird, of Mason City.

Vice-President, Dr. Elizabeth S. Norred, of Lincoln.

Secretary, Dr. J. A. Walker, of Mason City.

Treasurer, Dr. W. P. Walker, of Teheran.

Censors, Drs. Robert Barger, W. S. Watson, J. S. Geigley, C. E. Elliott, Nathan Holmes.

President Hurst on retiring from the chair delivered an eloquent address on the duties of medical practitioners of to-day in regard to the advancement of all the interests pertaining to the profession generally. (See page 77.) Several papers were read; one by Dr. C. E. Elliott, describing a case of injury to the head by a bursting gun; and an interesting paper by Dr. J. P. Walker, on stomatitis materna, which elicited considerable discussion. The afternoon session was principally taken up by the discussion of the subject announced at the January meeting, viz: Abortion; its causes, prevention and after treatment; participated in by most of the members present.

President appointed as delegates to State Medical Society, Drs. C. B. Maclay, A. F. Burnham, Elizabeth S. Norred, W. V. Guttery, Catherine Miller, J. S. Conway, W. S. Watson, N. Holmes, G. H. Sanford, J. A. Bolinger; and as delegates to American Medical Association Drs. Chas. H. Norred, A. M. Bird, J. W. Downey, A. E. Prince and J. A. Glum. Neurasthenia was announced as the subject for discussion at the July meeting.

Dr. A. E. Prince of Jacksonville operated before the society for strabismus, and delivered a very interesting lecture describing and illustrating a simple method of performing the operation of paracentesis of the membrana tympanica. Meeting adjourned to meet in Mason City, Ill., July 27, 1882.

J. A. WALKER, Secretary.

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#### Illinois State Medical Society.

The following is the report of the nominating committee, which was unanimously adopted. We give it space as a matter for reference:

Dr. N. S. Davis of Chicago, chairman of the nominating committee, presented a report which was read:

Next place of meeting, Peoria, on the third Tuesday in May, 1883.

## OFFICERS.

President, A. T. Darrah, Tolono.  
 First Vice-President, L. G. Thompson, Lacon.  
 Second Vice-President, W. A. Byrd, Quincy.  
 Treasurer, J. H. Hollister, Chicago.  
 Permanent Secretary, S. J. Jones, Chicago.  
 Assistant Secretary, T. M. McIlvaine, Peoria.  
 Judicial Council, E. Ingals, Chicago; F. B. Haller, Vandalia; Wm. Hill, Bloomington.

## STANDING COMMITTEES.

Practical Medicine—N. S. Davis, Chicago; B. M. Griffith, Springfield; J. F. Todd, Galva.  
 Surgery—J. E. Owens, Chicago; J. T. Stewart, Peoria; M. Reece, Abingdon.  
 Obstetrics—E. L. Herritt, Jacksonville; G. W. Jones, Danville; Ellen A. Ingersoll, Canton.  
 Gynecology—David Prince, Jacksonville; C. Chenoweth, Decatur; E. S. Norred, Lincoln.  
 Ophthalmology and Otology—S. J. Jones, Chicago; J. P. Johnson, Peoria; J. G. McKinney, Barry.  
 Drugs and Medicines—T. J. Pitner, Jacksonville; Herbert Judd, Galesburg; P. H. Garretson, Macomb.  
 Necrology—E. Ingals, Chicago; Wm. Hill, Bloomington; Washington West, Belleville.

## SPECIAL COMMITTEES.

Simple renal catarrh—J. N. Danforth, Chicago.  
 On the practicability and desirability of separating the work of teaching in medicine and licensing to practice—S. Booth, Sparta; E. P. Cook, Mendota; M. A. McClelland, Knoxville.  
 The diagnostic peculiarities of malignant growths—Christian Fenger, Chicago.  
 Committee of arrangements—John Murphy, Anna S. Adams, J. P. Johnson, J. T. Stewart, of Peoria, and J. H. Reeder, of Lacon.

## Central Illinois Medical Society.

BLOOMINGTON, ILLINOIS, May 4, 1882.

The Central Illinois Medical Society met in regular annual session in this city, May 3, 1882. There was a pretty large attendance. In the absence of the president, Dr. J. Y. Campbell, of Paxton, presided. Dr. T. F. Worrel delivered a neat and appropriate address of welcome, to which a response was made in a similar strain on behalf of the society, by Dr. A. H. Scott, of Mansfield. Dr. A. L. Norris

made a very interesting report on "Pneumonia." Through the report on "Fashion in Medicine," by Dr. T. F. Worrel, ran a very pleasant vein of satire. Dr. R. Wunderlich read an interesting and carefully prepared paper on the "Ætiology of Zymotic Diseases." The report on "Syphilis" by Dr. J. L. White, contained many original ideas. For the report on "New Uses of Old Remedies," by Dr. H. O. Paulding, see page 57 of this number. Dr. S. T. Anderson delivered an address in the evening on the subject of "Alcohol as a Food, Beverage and Medicine," in which he took the scientific ground that alcohol was really a food. Dr. A. T. Barnes read an exhaustive paper on the "Responsibility of Insane Criminals," in which he took a somewhat Spartan view of the subject. The next meeting of the society will be at Paxton. The officers elected at the present meeting were: Dr. D. L. Jewett, First Vice-President; Dr. L. S. Wilcox, Second Vice-President; Dr. C. T. Orner, Secretary and Treasurer. The Board of Censors consists of Drs. E. Wenger, W. L. Pollock and J. Y. Campbell. The exercises ended with a banquet and the meeting was a decided success.

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### **Periscope.**

#### **Croupous and Diphtheritic Ophthalmia—Ophthalmia Neonatorum.**

Dr. H. Knapp, at the New York State Medical Society, February 8, 1882, speaks of croupous and diphtheritic ophthalmia and ophthalmia neonatorum. The symptoms and course that he gives of the croupous and diphtheritic conjunctivitis is that they begin with those of acute catarrh or a blennorrhœa, and soon become characterized by the deposition of whitish membranes on the retrotarsal folds of both lids, extending towards the fornix of the conjunctiva and the free edge of the lids, as far as the so-called papillary body is found. The membranes consist of coagulated fibrin, enclosing lymphoid cells in varying quantities. They cover the palpebral conjunctiva in patches, or as continuous layers, and are characterized by several points which he mentions, viz.:

1. In diphtheria the lids are very stiff and hard; it is difficult or impossible to evert them; in croup the lids are supple and soft, and can be easily everted.

2. The diphtheritic lid is unusually hot and painful to the touch, whereas the croupous lid can be handled without causing much pain.

3. The diphtheritic exudations are continuous from the deposits on the surface through the superficial and deeper layers of the conjunctiva, whereas the croupous exudation is a surface deposit only.

4. The diphtheritic membrane cannot easily be removed, but must be torn off with some force, leaving the subjacent tissue pale and ragged; whereas the croupous membrane can be wiped off as a whole, leaving the subjacent tissue dark-red, bleeding and uneven — finely nodular.

5. The tissue of the diphtheritic lid when cut into is anæmic and has, in the developed cases, a white, lardaceous appearance, whereas the tissues of the croupous lid is highly congested and soft.

6. The diphtheritic process leads to mortification of the invaded conjunctiva, the croupous process to proliferation and cauliflower or polypoid excrescences.

7. Diphtheria readily extends from the lids to the bulbar conjunctiva and the cornea, whereas croup is long limited to the lids, and only in the severest cases affects the cornea, and seems always to leave the scleral conjunctiva free.

In his treatment for croupous or diphtheritic conjunctivitis he abstains from all kinds of irritating medication, as long as the formation of the membranes is still active, but persistently applies uninterrupted applications day and night of iced compresses to the lids, and carefully washes away the secretions with a soft sponge, dipped in a weak solution of chloride of sodium, chlorate of potash or the like, as long as the inflammation is progressing or at its height. As soon as the swelling decreases and the membranes break off, he limits the cold applications to an hour every morning, noon and evening, and then gradually leaves them off. He then applies a weak solution of nitrate of silver or mildly touches with the sulphate of copper crystals. In ophthalmia neonatorum he uses the same persistent cold application, with the precaution that the lids must be every fifteen or twenty minutes gently separated and the secretions carefully washed out with a fine soft sponge. Keeps the room moderately dark, encourages the opening of the eyes, as it is beneficial in two ways: First, the movements of the lids beat the corrosive secretions out of the conjunctival sac. Secondly, they accelerate the circulation in the affected parts, thus diminishing the stasis and infiltration. After the child has opened his eyes, he thinks the danger is over, but a weaker solution of nitrate of silver (one-tenth to one-fifth per cent.) may be useful.—*Archives of Ophthalmology, Vol. XI, No. 1.*

**Skin Grafting, Our Present Knowledge of.**

(Dr. C. Johnson in *International Surgery*, Vol. 1, page 549.)

*a.*—It affords an admirable means of accelerating and facilitating cicatrization.

*b.*—The pellicle produced by its aid is less prone to contraction and contracts less than an ordinary cicatrix.

*c.*—The deeper layers of the epidermic elements are the chief factors of growth.

*d.*—The growing cicatrix is formed at the expense of the embryonal cells of the granulating surface, stimulated into activity by the presence of the living cells of the graft.

*e.*—The stimulus first showing energy in and about central islands of new growth, induces activity at the hitherto dormant margin of the ulcer.

*f.*—Grafts may retain vitality, and be effective long after separation from the body.

*g.*—Small grafts the size of a millet seed, for example, are generally preferable to larger ones, although much larger grafts have had their successes and advocates.

*h.*—Grafts should be obtained from the patient himself, if possible, but in all cases the danger of specific inoculation ought to be present in the mind of the surgeon who borrows grafts from one subject for application upon another, or who practices heteroplasty.

*i.*—Grafts furnished by the aged are less disposed to adhere than those obtained from the young, and sometimes fail entirely.

*j.*—Grafts obtained from one race of men may be successfully used on individuals of another race; and animal grafts may be transplanted upon human beings and provoke cicatrization.

*k.*—Foul surfaces, or those of persons in bad health, will refuse to accept good grafts; but with improvement or establishment of the health of the individual bearing an ulcer, and the appearance of healthy granulations, a favorable result of skin grafting may be anticipated.

*l.*—Finally, the great benefits accruing from successful skin grafting far outweighs its drawbacks, which are the pain of the operation, and, unless amputated limbs be utilized, the consecutive pain in the parts yielding the grafts, whether these be autoplasmic or heteroplasmic.

**Mammary Gland, Relation Between Tumors of.**

Dr. S. W. Gross (*Medical News and Library*), from an elaborate study of this subject obtains the following results:

1. That from a genetic standpoint there is a distinct connection between adenoma and carcinoma, since both originate from the glandular constituents of the gland. In the former neoplasm, however, there is a numerical increase of the lacteal glands; in the latter, there is merely a multiplication of the epithelial cells, which extend into the lymphatic vessels and the perivascular sheaths of the blood-vessels. From a clinical standpoint, adenoma is a benign tumor, and carcinoma malignant.

2. That sarcoma has neither a genetic nor a structural affinity with adenoma or carcinoma, but that it resembles the latter in its malignant attributes.

3. That, in view of the recurring tendency of adenoma after simple enucleation, the entire breast should be extirpated with it.

4. That surgical intervention in sarcoma and carcinoma not only retards the progress of the disease by preventing dissemination and the development of visceral tumors, but it also not infrequently results in permanent recovery.

5. That local reproductions in sarcoma and carcinoma do not militate against a final cure, provided they are freely excised as soon as they appear.

6. That lymphatic involvement does not forbid operations in carcinoma, since infected glands were removed in nearly one-third of the examples of permanent cure.

7. That the subjects of sarcoma and carcinoma are, almost without exception, safe from local and general reproduction if three years had elapsed since the last operation.

8. That all sarcomata and carcinomata of the mammary gland, if there are no evidences of metastatic tumors, and if thorough removal is practicable, should be dealt with as nearly as possible by amputating the entire breast and its integuments, and dissecting of the subjacent fascia. In carcinoma, moreover, the axilla should be opened with a view to its exploration and the removal of any glands which were not palpable prior to interference.

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PROFESSOR PIROGOFF, by whose name one of the best known surgical operations is called, and who died a short time ago of epithelial cancer, which perforated the hard palate, left property to the value of 75,000*l*.

## Therapeutic Notes.

## CONSTIPATION.

Dr. J. C. Frye gives us the following, which he recommends very highly in cases of chronic constipation:

R Fl. ex. cascara segrada,	2 oz.
Tr. belladonnæ,	2 dr.
Tr. nucis vom.,	2 dr.
Acidi nitro-muriat. dil.,	$\frac{1}{2}$ oz.
Syrupi,	2 oz.
Aquæ,	3 oz.

Dose, a teaspoonful night and morning.

## CHAFE.

R Zinci acetatis,	15 gr.
Morphiæ acetatis,	2 gr.
Glycerin,	2 oz.
Aquæ rosæ,	2 oz.

M. Apply two or three times daily—*Med. and Surg. Reporter*.

## NASAL CATARRH.

R Iodoformi,	40 gr.
Ex. geranii sol.,	10 gr.
Acid. carbol.,	15 min.
Vaselini,	1 oz.

M. Saturate a bougie made of absorbent cotton, with the above ointment and introduce it into the nasal passage, leaving it over night. Repeat for a week or ten days.—*Medical Summary*.

## DIARRHŒA OF PHTHISIS.

R Fl. ex. coto bark,	60 min.
Tr. cardamom. comp.,	60 min.
Mucil. acaciæ,	3 dr.
Syr. simp.,	3 dr.
Aquæ,	q. s. ad. 2 oz.

M. Dose, one tablespoonful.—*The Practitioner*.

## PURGATIVE LINIMENT.

R Tr. colocynth,	1 oz.
Castor oil,	2 oz.

M. The tincture of colocynth is to be made from stronger alcohol and one-tenth of its weight of colocynth deprived of seeds. A teaspoonful of the liniment is to be rubbed on the abdomen night and morning.—*Drug Circular*.

## TERTIARY SYPHILIS.

R Iodide potassa,	$2\frac{1}{2}$ dr.
Hydrarg. bi-chlor.,	2 gr.
Fl. ex. sarsap.,	2 oz.
Tr. cinchonæ comp.,	1 oz.
Tr. gentianæ comp.,	1 oz.

M. Sig. Teaspoonful after each meal in a wineglassful of sweetened water.—*Chemists and Druggists' Circular*.

## DEPILATORY OINTMENT.

R Carbonis ligni,	1 dr.
Calcis ustæ,	4 dr.
Sodii carbonas,	1 oz.
Glycerinæ,	1 oz.
Adipis,	7 oz.

M. This is applied to the skin for ten or twelve days, when the latter assumes a rose tint and the hairs are extracted without pain.—*Drug Circular*.

## BLIND PILES.

R Ex. belladonnæ,	5 gr.
Iodoformi,	1 gr.
Plumbi acetat.,	1 gr.
Vaselina,	75 gr.

M. Apply three or four times a day, after bathing the swellings with warm water.—*Dr. Posqua*.

## ECZEMA OF THE HANDS.

R Boracic acid,	2 dr.
Aq. bul.,	3 oz.
Glycerine,	q. s. ad. 4 oz.

M. Sig. Apply thrice daily with friction.—*Med. Brief*.

## ENLARGED GLANDS.

R Tr. iodini,	$\frac{1}{2}$ oz.
Acid. carbol.,	20 min.
Aq. ammon.,	$2\frac{1}{2}$ oz.

M. Sig. Apply morning, noon and night.—*Brief*.

## FACIAL NEURALGIA.

R Croton chloral hydrate,	2 dr.
Glycerine,	2 oz.
Aquæ,	q. s. ad. 4 oz.

M. In ordinary cases give teaspoonful three times a day. If the symptoms are quite urgent, a teaspoonful every two hours until pain is relieved.—*Medical Bulletin*.

## APTHOUS SORE MOUTH OF INFANTS.

R Sodii sulphite,	30 gr.
Glycerini,	$\frac{1}{2}$ oz.
Aquæ puræ,	$\frac{1}{2}$ oz.

To be used on a swab every two hours.—*College and Clinical Record*.

## APTHOUS VULVITIS.

Paint the vulva, each day, thickly with iodoform, the labia being prevented from adhering by a small amount of charpie placed between them.—*Chicago Med. Rev.*

## CYSTITIS.

R Acidi benzoici,	10 gr.
Sodii biboratis,	10 gr.
Infus. buchu,	2 oz.

M. Sig. This amount three or four times a day.

# THE PEORIA MEDICAL MONTHLY.

THOS. M. McILVAINE, A. M., M. D.,

*Editor and Publisher,*

204 South-Jefferson Street, - - - - - PEORIA, ILL.

\*. All exchanges, books for review, and communications must be addressed to the Editor and Publisher.

\*. The publication day of this journal is on or about the 10th of each month

\*. To subscribers! A pencil mark at this place indicates that the time of your subscription has expired, and that a prompt renewal is urgently requested.

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## Editorial Department.

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### The Quincy Meeting of the Illinois State Medical Society.

Since the volume of transactions of this society will soon be placed in the hands of the members, it has been thought best not to print any extended or detailed report in this journal. We will therefor offer some random notes of the meeting, and thoughts suggested by what was, and was not done.

The attendance was small; this may be accounted for in several ways. The place of meeting being at an extreme side of the state, and necessitating the loss of much time by members in reaching it. This would seem to indicate the propriety of locating the yearly meeting permanently at some central and easily accessible location.

Apart from the matter of location, the paucity of members in attendance might be accounted for, by the lamentable lack of interest taken by a majority of physicians in matters pertaining to professional legislation. The full aim and purpose of a state medical society is not attained by the reading of papers on topics purely medical, and discussions of the same. A state society should hold the same relation to all matters pertaining to medical affairs, as does the state legislature to the interests of the citizen, and it is rather strange that all physicians do not appreciate the privilege and duty of attending its meetings and taking part in its proceedings. Some times, though rarely, resolutions brought before the society on

questions relating to the status of the profession, and which, by securing the *dictum* of so large and representative a body of men, carry much weight in courts of law and in the eyes of the people.

With the rapid multiplication of books and medical journals the society meetings afford no longer the only opportunity for introducing novelties in treatment or theories concerning the origin of disease, and to maintain a sufficient interest to keep the society alive more time must be devoted to matters purely legislative.

With this idea then, but little of importance was accomplished at the Quincy meeting. Several papers were read on the subject of the advancement of the professional standard and state legislation, but *no action was taken*. Some discussion was had upon the treatment of insane criminals, but *nothing was done*.

Upon a question of utmost importance to physicians, professionally and socially, that of a revision of the code of ethics, not a word was spoken. Other societies, both local and state, have put themselves fairly upon the record, as favoring honesty and the right, but this society, representing the four thousand physicians in this empire state of the West, adjourned with not a word concerning this question to go upon its printed transactions. If we mistake not, the "sin of omission" will be brought forward as evidence that the profession of Illinois favors the abrogation of the code of ethics, and indiscriminate consultation with every thing that has secured a certificate from the State Board of Health. We know that such is not the decision of the regular profession of this state, although nothing appears on record to the contrary.

Many of the papers read, admirable as they were, consumed too much time in their reading, thus leaving no time for a discussion of the subjects to which they related. This is one great cause of the seeming lack of interest on the part of members. There is no "life," no "snap" in the discussions. The reading of lengthy papers saps the interest that otherwise might be felt, and reduces the discussion to the utterance of but one or two men.

The words of the "Fathers in Medicine" should always be received with due respect, but when the "Fathers" by reason of their position and vast experience monopolize all the time of the society, frowning down any opposition, especially if it comes from younger men, the time has surely come for a change in the by-laws, absolutely limiting the time allotted to each speaker and the number of speeches allowed to each member. We mention this in no unkindly feeling, but knowing the dissatisfaction which existed among many members present at the Quincy meeting, we believe that the matter must be remedied in the best interests of the state society.

The delegates were heartily received by the profession of Quincy, and a pleasant time was had by everybody.

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#### Is There a Tubercle Parasite?

The promulgation of the germ theory, but a few years ago, has almost revolutionized all pre-existing theories on the etiology of many forms of disease, and so firm a hold has this latest theory taken upon the minds of a large proportion of the medical profession, perhaps a majority, that it is to this same germ theory we look for our greatest discoveries and consequent achievements. When the fact is stated, as it has been on good authority, that fully one-seventh of the deaths of the human race are due to tubercular disease, and that at least one-third of those who die in active middle life are victims to the same dread foe of life, it must be conceded that the necessity of a correct understanding of the causes of this disease is paramount in the domain of medicine.

Appreciating the necessity for this, the profession is always ready and eager to learn anything which tends to this desired result.

It has been assumed by many investigators, upon purely circumstantial evidence, that tuberculosis is a chronic infectious disease, and the theory of its parasitic origin has been stoutly defended by others, but until the present time, no positive proof has been advanced.

Dr. Edward Koch, in a paper read before the Physiological Society of Berlin, detailed the experiments upon which he bases the conclusion that tubercle, wherever found, is the direct result of the *bacillus tuberculosis*. In numerous experiments he has cultivated this germ, through successive generations, and upon again placing it in the animal economy, (of guinea pigs, rabbits, etc.,) it has rapidly reproduced the original disease.

The recent brilliant success of Pasteur in destroying the virulence of the bacillus anthrax, gives us ample grounds for hoping that some similar method can and will be devised for the control and annihilation of tuberculosis.

Professor Baumgarten has arrived at similar conclusions with those of Dr. Koch. Professor John Tyndall, of England, is already a strong believer in the truth of this theory, and many of the foreign medical journals accept it as conclusively proven.

Other experiments will follow, and the eyes of the medical profession in both hemispheres will eagerly scan the latest publications to learn of their progress and results.

Knowing the cause of a disease, however, does not always indicate that the best plan of its treatment will be speedily attained, and we must not base our hopes too high for a speedy extermination of consumption. The *London Lancet* closes an editorial on this subject with the following words: "The pathological importance of the discovery of the proximate cause of this frightful scourge of the human race cannot be overestimated; nor is it possible to foretell the practical results to which it may lead."

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#### A Word of Explanation.

The charts which are offered to *new subscribers* are sent only to those who remit directly to the publisher. We cannot afford to pay a commission to canvassers and give this premium besides. We offer the charts to induce physicians to remit by mail; neither can we give these charts on renewals, and they have never been offered in this way. The absolute rule is to send the charts only to *new subscribers* who remit directly by mail.

**Notes and Comments.**

Several books and pamphlets have been received, due credit for which will be given next month.

Bound volumes of Vol. II. are nearly ready for delivery. They will be sent with the current year for only \$2.

The Swiss National Council have made vaccination obligatory in Switzerland, by a vote of ninety to twenty-three.

Contributions to the "Therapeutic Notes" are especially requested. If you have a formula that has given you good results, let us have it for the benefit of others.

There is no greater blunder than to object to a journal on account of its large advertising department. The size of this department is the key to the journal's success and the index of its prosperity.—*Gaillard's Medical Journal*.

The *Canada Medical Record* is authority for the statement that for the first year of Sir Astley Cooper's practice his income was \$26; the second, \$130; the third, \$320; the fourth, \$480; the fifth, \$500; the sixth, \$1,000; the seventh, \$2,000; the eighth, \$3,050; the ninth, \$5,500. In 1815 he made \$105,000.

A great many express their astonishment at our being able to give so large and good a journal for a dollar. The reason is, that we are so heartily supported by the profession everywhere, and because "once a subscriber is always a subscriber" seems to be the motto of nearly all of our friends. Very few have to be asked to renew their subscriptions.

In lecturing on the recognition of the sex of the child in utero, a noted professor was expatiating on the theory of the pulse rate, claiming that if the pulse beat 120 per minute the child was a boy; if 140 per minute the sex was female. A terribly dull student electrified the class by inquiring, "whether, if the pulse rate was 130, would the result be a hermaphrodite?"

There are less than one hundred who are in arrears with their renewal to this journal. If you are one of these few, please take the trouble to forward the amount due us

at once. Less than two per cent., from all causes, have dropped this journal since it started. Over one per cent. of these were from death, and but only four have *ordered* it discontinued. We appreciate this more than amount of spoken praise.

With characteristic hospitality the profession of St. Paul have left no stone unturned to entertain the delegates to the American Medical Association. We learn from a daily paper, that over five thousand dollars have been raised for the purpose, and now from a circular issued by the committee of arrangements, the following excursions are offered:

The St. Paul, Minneapolis and Manitoba Railroad will give passes to every delegate and to ladies accompanying them, over all divisions of its road, for the entire month of June. Their road runs through the celebrated Red River Valley, and the great wheat farms to Winnipeg. It connects Minneapolis and Lake Minnetonka (the largest watering place in the state, with four large hotels,) with St. Paul.

The Northern Pacific Railroad offers free transportation for the month of June to delegates and ladies accompanying them, to the Yellowstone Valley and return.

The St. Paul and Duluth Railroad offers free passes to delegates and ladies accompanying them, over their line to Duluth on the north shore of Lake Superior and return.

The Lake Superior Transit Company have offered a complimentary excursion down the lake and return, from Duluth, one day immediately after the meeting.

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#### Chicago Medical College.

The following changes have recently been made in the faculty of the Chicago Medical College: Dr. Rea has resigned the Chair of Anatomy to accept the Chair of Surgery in the College of Physicians and Surgeons. Dr. E. W. Jenks has resigned the Chair of Gynæcology, and Dr. E. C. Dudley has been elected as his successor. Dr. Christian Fenger has been elected to the Chair of Pathology made vacant by the resignation of Dr. Hollister, who takes the Chair of Clinical Medicine. Dr. O. C. DeWolf, Health Commissioner, has been elected Professor of Hygiene and State Medicine. Prof. J. H. Long has been elected to the Chair of Chemistry. Dr. Quine resigns the Chair of Materia

Medica that he may devote his whole energy to the Chair of Therapeutics. Dr. Walter Hay has been appointed his successor. Dr. J. E. Owens has been made Professor of Surgical Anatomy, and Dr. F. C. Schaeffer Professor of Descriptive Anatomy. A new Chair of Dental Diseases has been established, but as yet remains unfilled. Dr. E. O. F. Roler, who has so long been seriously ill, says he is fully restored and will be ready for active work at the next session. Dr. Roswell Park, Demonstrator of Anatomy, has resigned, but as yet no one has been appointed to fill his place.—*Med. Review.*

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#### **An Extra Large Number.**

To make room for the inaugural address of the President of the Illinois State Medical Society, we have added quite a number of pages to our reading matter. This number contains — pages of reading matter, and is as large as any of the two or three dollar journals. If the support of the profession warrants us, it will be no long time before every number will contain sixty or more pages of good practical matter. We are determined to give the largest and best monthly published at anything like the price we ask for this.

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#### **Epithelioma of Cervix Uteri.**

Dr. Sims, in the *American Journal of Obstetrics*, gives some rules for operating. He says: Do not amputate an epithelioma of the cervix uteri on a level with the vagina, but exsect the whole of the diseased tissue; arrest bleeding with a styptic lotion, then cauterize the granulations. When the slough is produced, use carbolized warm water till cicatrization is complete. When cured, put the patient on arsenic, and examine every three months; if fungous granulations show, remove them with caustic.

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#### **Chloral Enemata in Vomiting of Pregnancy.**

Dr. Vidal of the St. Louis Hospital (*Paris Medicale*, Nov. 12, 1881), claims that they will yield good results. Fifteen grains of chloral hydrate are given by enemata twice daily, an hour before meals, in half a pint of infusion of orange leaves. Dr. Dussand, of Marseilles, claims similar good results from a like course of treatment.—*Chicago Med. Review.*

# THE PEORIA MEDICAL MONTHLY.

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VOL. III.—JULY, 1882.—No. 3.

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## Original Communications.

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ART. I.—Morbid Adhesion of the Placenta, with Laceration of the Funis Umbilicalis; Complicated with Hour-Glass Contraction. BY WM. H. VEATCH, M. D., Carthage, Ill.

I was called, March 8, 1882, to Mrs. T.— in her second confinement. Found her extremely nervous and anticipating some great calamity. A foreboding of imminent danger appeared to possess her mind—hysterical breathing and some disturbance of the heart's action. She says she has gone two or three weeks over her time. Pains irregular being sometimes in one side of the abdomen and sometimes on the other; sometimes at the fundus, and at others low down in the pelvic region.

On first examination the os uteri could not be felt. After an hour's delay a second examination was made by passing two fingers into the vagina and pressing with the knuckles of the other fingers hard against the perineum. I succeeded in finding the anterior lip of the os. The index finger was now used as a lever and the second finger as a blunt hook in the anterior lip of the os, the left hand being pressed firmly against the lower abdomen. I pulled slowly, steadily and firmly until the os was brought in a line with the vagina. Here it was held until a firm contraction

caused the os to dilate and the uterus to retain its normal position. The os was now dilated to the diameter of a silver dollar, and an abundant flow of mucous, followed with a cool, soft relaxed condition of the soft parts, told me to prepare to receive the child.

A second regular pain came on in a few minutes, engaging the hand in the osseous cavity, and breaking the amniotic membrane. This pain was speedily followed by a third, which expelled the child, and with it came the funis umbilicalis, completely severed from the placenta.

The child was partially asphyxiated, the cord being twice around its neck and only fourteen inches in length. A portion of the placental membranous covering came with the cord with some shreds of the placenta proper. Unwrapping the cord from the child's neck, I grasped the cord between thumb and finger and immediately tied it. The child beginning to breathe, I handed it over to the care of a nurse and turned my attention to the mother.

Placing one hand in the vagina, I found she was flowing profusely. Passing the fingers up, they came in contact with a portion of the placenta protruding from the mouth of the womb. Placing my hand on the abdomen I realized that I had an hour-glass contraction to deal with, as well as an adherent placenta, which was so firmly held by the contracting uterus that it was immovable. All the manipulations I could make over the fundus only caused the central uterine bands to contract the closer on the imprisoned placenta.

The amount of blood lost began to produce symptoms of syncope. And without further loss of time I introduced my hand dextrously into the vagina, and thence insinuated the fingers in the form of a cone into the uterus, and when the largest part of the hand was surrounded by the central bands of the uterus, the hand was forcibly closed, making the fist as large as possible. Several times my hand had to be relaxed to allow the uterus to relax also, on account of the extreme pain it gave the hand, completely paralyzing my efforts. After a time however I succeeded in so far overcoming the morbid contractions as to allow me to peel away the adherent placenta, and the womb now contract-

ing normally, my hand was allowed to be expelled with the placenta and other foreign material.

All alarming symptoms were at once relieved and the woman made a fair recovery. She was somewhat prostrated for a few days from the loss of blood, but in the course of three weeks she was out of bed.

*Case 2.*—Was called, April 5, 1882, to Mrs. B——, aged 27 years, in her first confinement. Had been married six years. Never before pregnant. Says she has always been healthy and regular in her menstrual periods, but had suffered a good deal with her back at times. She also says she has gone a month over her time according to her count.

She has been suffering from sickening pains for twenty-four hours, and now has more pain in her head and stomach than in the uterus or back.

On examination the mouth of the womb was found far back against the sacrum, and dilated to the size of a silver half dollar. Hooking the finger into the open os in the absence of contractions, it was drawn forward and held in a line with the vagina until contractions came on and held it to its place. The os now relaxed, the head began to advance and the water to gather. At this stage the pains began to break in the middle, as it were, and to fly all over her, as she expressed it; and thus continued for several hours with no perceptible effect.

There being no rigidity of the os, and the soft parts appeared to be thoroughly relaxed and an abundant pelvic capacity, I administered ergot in moderate doses every half hour with no perceptible effect.

After several hours I gave a drachm of the fl. ex. of *ustiligo maidis*, and at the end of the first half hour the pains were perceptibly stronger and she became more courageous; and after an hour the pains were extremely strong and severe, but without advancing the child in the least. I was much puzzled to find a solution to the cause of the retarded labor; but after several hours of severe labor the child began to advance suddenly about the middle of a long continued pain, and the next effort expelled the child, and brought the *funis umbilicalis* with it, severed

from the placenta—wrapped twice around the neck, under the axilla, over the chest and abdomen, and dangling between the thighs of the child.

As soon as the child breathed, I tied the cord and turned it over to a nurse, and paid my respects to the mother. I was not a moment too soon; she was pale and about to faint. Placing my hand on the abdomen, the sudden conviction flashed over me that I had another hour-glass contraction to contend with. On placing the other hand in the vagina I found a large clot, on removing which a gush of blood took place which was at once alarming.

Without delay I introduced my hand; overcame the hour-glass contraction; peeled away the adherent placenta; allowed the normal contractions to force my hand away with the secundines, and in a few minutes the uterus contracted firmly and permanently.

This lady was about the house in two weeks.

These are the only cases of the kind I have ever witnessed. That they are uncommon I need not mention.

If any other cases of the kind have occurred in the practice of any reader of this article, I should be pleased to hear the details of them.

In an experience of twenty-six years and an aggregate of about twelve hundred obstetrical cases, I have never met with any thing of the kind before. Why two cases so nearly alike in character should befall me in the short space of twenty-eight days, I am at a loss to divine.

The condition of the children in utero was practically the same. Both so wrapped with the cord that they could not pass through the bones without either dislodging the placenta or rupturing the cord; and the adhesions of the former being stronger than its external membranes, the latter gave way under the extreme pressure.

In each case the adhesion was on the left side of the uterus; in each the child was a female; in each the uterus was and I presume had been greatly antverted; in each the cord was about fourteen inches in length; in each the cord was twice around the child's neck; in each there was firm hour-glass contraction; in each the child was partially

asphyxiated; in each the mother thought she had gone over her time for confinement, and in each both the child and the mother survived. The only point of material difference was in the duration of labor. While one was rapid and powerful, the other powerful and tedious. But the woman who had the most lingering and tedious labor made the most rapid recovery.

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ART. II.—Successful Removal of an Ovarian Tumor. BY W. J. CHENOWETH, M. D., Decatur, Ill.

April 15, 1882, Mrs. Radcliff came to our office to consult us in reference to an abdominal tumor. She was 38 years of age, 5 feet 4 inches high and weighed 140 pounds; married; the mother of three children, aged respectively 13, 11, and 9 years. Except emaciation of the face, and an anxious expression of countenance, there were no visible appearances of ill health. On examination, through the abdominal walls we could readily feel the tumor, which filled the lower part of the cavity and extended nearly to the sternum. It was hard, without fluctuation, pyramidal in shape, with protuberances on each side near the upper part, and so movable that the enlargement on the right side could be brought nearly under the navel, and thus became the most prominent part of the tumor. There was tenderness of the tumor and of the abdominal parietes. Vaginal examination showed the uterus to be movable, natural in size, and apparently disconnected with the tumor. There was no history of kidney disease. Menstruation was normal. Two years ago, when she had first noticed the tumor, it was the size of a goose egg. Since about the first of January it has grown rapidly, and had begun to interfere with respiration and digestion. It was evident that the tumor was either ovarian or uterine fibroid. The tenderness, lobulated surface, absence of fluctuation, general good health, and want of symmetry of the abdomen, indicated a fibroid. But the small, movable uterus, regular menstruation, and the history of the growth of the tumor convinced us that it was ovarian. Even if uterine its rapid growth demanded surgical interference.

To designate the time when the operation should be undertaken was important. Usage formerly favored waiting until life was endangered, but there is an increasing faith in Keith's maxim, "If it is to come out, better have it without loss of time." Peaslee advises removal "when the patient's health has been somewhat impaired." The debilitated are more liable to septicemia. "A few germs might be nearly innocuous to a healthy organism. They acquire great virulence in a depressed and diseased subject."—Schroeder. "If an operation is indicated, operate early, as the patient's chances decrease with the growth of the tumor and the failing of health."—Engelmann. These and like expressions found in the literature of ovariectomy, agree with opinions gradually formed by me; so that I was prepared to advise removal as soon after her next menstrual period as convenient. Her nervous system had suffered so greatly by the constant presence of a supposed fatal malady, that the unexpected meeting of a friend would cause her to weep. She was impatiently waiting to know the worst; death would be preferred to the intolerable suspense. Hence it was no surprise to be requested to operate in two weeks from the time of the first examination.

With the assistance of Drs. Cass Chenoweth and A. R. Small, the operation was performed Saturday, April 29th. The tumor (solid except a few small collections of colloid matter) could not be removed until the incision was carried above the umbilicus. It was of the left ovary. The pedicle was secured with a silk ligature, cut short, and returned to its natural position. The abdominal incision was closed with silk sutures, and covered with cheese cloth, previously saturated with carbolized water and dried, and over this cotton wool. Before the tumor was lifted from the abdomen vomiting occurred, and was kept up at short intervals until the evening of May 1st, the vomited matter being acid. Milk with lime water was given for nourishment, and she was permitted to swallow ice at will. The vomiting was not arrested until she was forbidden everything by the mouth. During this time her temperature was normal—pulse 110. May 2d, 3d and 4th she again took milk and

lime water, no vomiting occurring until the evening of the 4th, when it was again withdrawn and the vomiting ceased. During the night, pain which had persisted from the day of the operation, became intense; morphine did not relieve it. Dr. C. Chenoweth, who saw her at the time, finally succeeded in giving relief by strong pressure made with the hands on each side of the abdomen. Her pulse at this time was 120, temperature 101. The two lower stitches had been removed during the day. On the 5th the balance were taken out. The two upper stitches were suppurating. During the evening her bowels were moved naturally. May 7th the pain continued, but was not severe; pulse 102, temperature 101. After this time her pulse did not exceed 100, while her temperature in the morning was 100, and at evening from 101 to 102 until the 23d, when her pulse fell to 80 and her temperature was normal. In spite of the continuous high temperature she gained steadily in strength; sitting up on the 11th while her bed was arranged, and being up parts of every day afterwards. In a month from the date of the operation she took her meals with the family; and on the 6th of June attended the funeral of a relative.

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ART. III.—Facts Concerning Nasal Catarrh. By A. S. CORE, M. D., Quincy, Ill.

The attention that has been devoted of late years to the study of nasal catarrh and the many valuable communications from earnest and reliable workers in this department of pathology, has done much to clear up the hazy atmosphere of imperfect knowledge that has heretofore enveloped it. The medical student who devotes especial attention to this affection receives more definite ideas about its pathology and treatment.

There is yet a tone of wailing among the laity who are sufferers from nasal catarrh, that is most doleful, and one who listens will hear the dull echoes of clergymen, spinsters, batchelors and others in the easier pecuniary circumstances of life, bewailing their experience and suffering to each other, much like good people at class meeting. When they meet the first word of greeting is followed with:

"How is your catarrh?" Nearly all of those thus afflicted have a sort of valetudinarian pride in relating their symptoms and the endless remedies they have tried for their relief. Of the nomenclature in use by them, one will mention that he has naso-pharyngeal catarrh; another, post-nasal catarrh; another, chronic pharyngitis or retro-pharyngeal catarrh; while still another may have either hypertrophy of the vault of the pharynx, clergyman's sore throat, follicular pharyngitis, hypertrophic nasal catarrh, nasal stenosis, or whatever terms he has ever heard applied to any affection of the nasal region. The effect of atmospheric changes, bringing on exacerbations of their wonderful disease, the exact date of their annually recurring attacks, the geographical limits and altitudes which have any effect upon them, and many other matters, are rehearsed at every meeting. The treatment they have had is, in their estimation, but trivial, because they know their disease is incurable. Still they are eternally trying a douche, a syringe, a spray, a snuff, anything and everything that they hear of, bungling along, receiving no benefit and gradually growing worse. They seem surprised when you tell them, after a thorough rhinoscopic inspection, their true condition and the fallacy they have been laboring under; and they will not always believe you, but will continue to keep one of the most important organs of the body subjected to the harshest and most degrading treatment, rendering it unfit to perform its functions normally.

The questions that the uninformed will ask you are: "What is catarrh?" "What can we do for it, to be benefited?"

Our anatomy teaches that the nasal cavities extend from the nostrils anteriorly to the two oval openings of the posterior nares, where they open into the pharynx; some consider that the cavity that is between the basilar process of the occipital bone and the entrance into the larynx is a part of the nasal cavity, but more properly it is the pharynx. This cavity is lined throughout with a mucous membrane, richly endowed with glands that are constantly secreting mucous, which process produces the epithelium by a sort of evolution process, and nature in

her wise provision endowed this epitheleal cell with ciliae, to enable this surface to throw off the accumulations and carry them to the outlet of the passage. In portions of the passage this mucous membrane covers parts that are very vascular and contain numerous venous plexuses, together with mucous glands, besides over the turbinated bones there exists a true erectile tissue, similar in structure to the cavernous tissue of the penis. From the structure of the tissue one can readily understand why we have the sudden engorgement or impaction in the nose as a result of colds or irritants, being composed as it is of such tissue and that under the control of the vaso-motor nerves. It is often observed that in apparently the slightest cold one nostril will be entirely occluded, when soon there will be an interchange to the opposite nostril, the first becoming free. This is due to the functional activity of the coats of the vessels. Irritants and colds are the prime factors that act upon the nasal mucous membrane, causing an increased amount of formative material to flow to the parts, distending the vessels, making them enlarged and tortuous, the mucous membrane proliferate new epithelial cells, the glands pour out an increased amount of mucous, greatly exaggerating the normal process, so that the cells of the parts are no longer able to build it up into tissue like that which previously existed in the part, hence an inflammatory process which we term acute catarrh.

In the chronic catarrh the hyperæmia subsides, but the nutritive processes go on greatly exaggerated, and the most common action which this takes on is an abnormal secretion, pouring out an excessive discharge of mucous, or muco-purulent matter, young cells and worn out epithelium. As this exudation goes on, we find that some of it consolidates and forms new connective tissue, and elastic fibres are developed, and the membranes become greatly thickened, and the structure considerably exaggerated from that which previously existed. If all or a part of the structure of the mucous membrane undergoes the same change, we have an hypertrophy of the mucous membrane, distinguished by its change of color, thickening and excessive secretion, together with real hypertrophy of the

tissues beneath. If this morbid condition becomes so consolidated as to press upon the glandular structure of the parts, the glands will gradually lose their activity and be destroyed by undergoing atrophy, and the membrane being deprived of its normal mucous, we will have a dry catarrh.

All chronic conditions of the nasal passages emanate from a simple acute inflammation, and the pathological changes are virtually the same at the onset of the process of the two forms; that of hypertrophic catarrh, with excess of secretion and narrowing of the passages, and atrophic catarrh, with its shrunken parts and fetid discharge. In many cases, to my mind, there is a diathesis that is peculiarly susceptible to catarrhal inflammations, especially if there is a broken down, anæmic or impoverished condition of the system, in consequence of which the circulation is sluggish and the vitality low. Yet catarrhal inflammation is not a respecter of persons, as it occurs in persons who are most affluent in life, surrounded by the best hygienic advantages and seem otherwise to enjoy perfect health, without respect to birth, color, age, sex or social position. It is not hereditary, as one member of a family may be afflicted and all the rest excluded, and one nasal cavity is often more marked than the other, or only one may be involved in this process. Occurring, as it does always, as a purely local disease, affecting persons in otherwise robust health, nature or simple treatment effects a cure. If in the same individual, when the system is impaired and the lymphatics involved, it is considered to be of strumous or scrofulous origin; or if seen in the same when tuberculosis followed, it is considered to be of tuberculous origin; likewise that of gout, rheumatism, darts, neurotic, and other diatheses, which some writers strive to demonstrate as the prime cause of catarrhal inflammation. Constitutional remedies will control the system when any of these hereditary tendencies exist, but will not cure a nasal catarrh unless accompanied with local treatment.

(TO BE CONTINUED.)

ART. IV.—Typho-Malarial Fever; its Cause, Prevention and Cure. By G. W. CARPENDER, M. D., South Bend, Ind.

It has been only a few years since the profession has recognized the diseased condition above named. Twenty-five years ago we had malarial fevers with typhoid sequellæ. We found in grave cases symptoms simulating typhoid fever, following the active stage of malarial fevers, and they became so closely allied as almost to defy diagnosis. And although we had to treat at first with anti periodics and cholagogue remedies, we found in the later stages those remedies to be almost useless, if not hurtful, the change occurring often within a few hours; and our therapeutics became "the blind man armed with a club." We asked in vain for the cause; and to-day how much better are we for the twenty-five years experience. We have truly been taught there are two kinds of miasm; the idio and koino, or the animal specific and vegetable specific cause; but there we have stopped, except on the disputed point of animal life in the form of *minicoccus* bacteria, or something of the kind revealed by the microscope. And yet there are numbers of observing educated men who deny there is any such thing even as malaria.

There is something doubtless that acts as a producing cause of the type of disease we are speaking of. What is it?

If you will bear with my imperfect way of expression, and promise not to criticise too strongly, I will try to open up the subject of cause. At least I will commence to sink a shaft into the malarial mine, and hope that others more capable may continue the effort until the mine shall be ventilated.

I do not doubt but the savans of the past and present have discussed animalculi, spores, bacteria, *minacoccus*, etc., but I doubt very much, if *living*, they are the cause *direct* any more than the food we eat, or the drink we take. That the cause *lies in* the food we eat, the water we drink and the air we inhale, I think belongs to the axioms of our profession.

At South Bend we have a very large per cent. of typho-malarial disease. In fact everything is complicated with

it; and yet to look at the place a stranger would not so judge. We have a swift flowing river, into which our sewers *empty, beyond the water use*. The marshes are not overflowed largely, though quite extensive to the west and south of us. The water we drink looks pure, is cool, and mostly taken by drive wells from twenty to sixty feet deep; and yet all the year round typho-malarial fevers abound. Why is it?

A little theory to help along science, will, I think, make the subject quite clear to the thinking mind.

Basing our theory on the laws of atomagnetism, we find that atoms always attract atoms—like to like—by a positive and negative relationship; being all *polarised* they are more or less an active force within their sphere of attraction. This inherent attraction or magnetic force tends always to an increase of power or organization, either by aggregation or combination. When the latter, combustion or decomposition invariably takes place, resulting in new combinations and organization. The act of decomposition is the immediate result of loss of magnetic union, on the principle that the larger magnet soon exhausts the smaller; when if it cannot incorporate or aggregate it, expells it, and this is what we call death.

Oxygen and hydrogen (or I might add nitrogen, which we know but little about, as science has thus far failed to give it a class either as *mineral* or *vegetable*) are the principle factors in all changes; composing nearly seven-eighths of all visible and invisible, tangible and intangible things pertaining to us and our surroundings; representing mineral and vegetable, heat and cold, positive and negative, constantly seeking each other, uniting in various proportions, ultimating in an infinite variety of minerals and organisms; composing our earth and its incumbents, so that both earth and water inherently contain the elements and force to continuously produce both form and life. "And God said let the waters bring forth *abundantly* the *moving creatures that hath life*. (And God said let the earth bring forth the *living creatures after his kind*."—Gen. i: 20-24.) There can be no change but the result will be a bringing forth of life, and as *long as it is life*, except

through a traumatic influence, it is harmless to the *dominion of man*. It will serve him for food and power; but dead, and as dead matter subject to the laws of recombination, its power as to form is specific, and in condition to act as a ferment upon any dead matter with which it may come in contact, and in that relation becomes septic to the human system.

The blood and other tissue are a fruitful field for the proliferation of any new variety of bacteria, minicoccus, etc., which may be organized out of the decomposed matters, either of vegetable or animal bodies.

Malaria is the result of the rapid production of low vegetable growths, whose atmosphere of oxygen is necessarily near the ground, where it can find no hydrogen (its natural opposite) and must necessarily unite with such elements as come within its attraction, and as to reunite with vegetable is equivalent to fermentation and decomposition this new combination evolves a new organic force; so animalculi are spontaneously brought forth, whose power of proliferation is rapid, being creatures perhaps of a minute, an hour or days, rapidly pass through the stages of birth, death and decomposition, in which condition nitrogen gas may and probably is given off (it being probably a new mode of motion from the union of oxygen and hydrogen). At any rate the gas is evolved and largely found in such localities. This excess of vegetable gas production appears to be the dead matter which, inhaled or drank, becomes the disturbing element, or koino, idio, or miasmata. Right here, between the death of something and the life to be evolved, lies the specific cause, the sceptic cause of typhoid fever.

There are two principles evolved here—the coarser vegetable gas, or excess of oxygen, and the concentrated vegetable or animal gas, *excess of nitrogen*, both the result of extra vegetable growth; oxygen being the natural gas eliminated by vegetable during growth and decay, the other being the gas evolved by the decomposition of animalculi. The two gases will mix readily, but not combine, hence in the system become a duplicate cause of disease, producing results in succession according to the laws pre-

ceding. First the vegetable, then the animal; the radical difference being the same we find between vegetable and animal, simply a concentration of the same forces, perhaps with the addition of an atom of some other simple element, and perhaps not. Bear in mind, animal is nothing else than concentrated vegetable growth—just simply vegetables worked over and placed in new forms.

If I have made myself understood, it will be perceived that typho-malarial fever is the result of septicemia, and like all septic diseases can only be prevented by removing or preventing septic cause from arising. This can be done by encouraging tall tree planting and arresting small growths in our marshy districts; by removing all stagnant water. Water being a universal solvent, it is like a sponge, contains within the attractive force for every other element. It soon becomes saturated with bad gases and a fruitful field for evolution, life, death and becomes the distributor of conditions to rapid production of disease.

Let me digress on our city. Our cemetery lies on our highest ground. Underneath us lies a sheet of water resting on a hard pan impervious to it, and from it we drink. When we think and know that gravel or sand cannot extract from water the elements of nitrogenous decomposition, we can well understand what the consequences must be when the drainings of the decaying dead are added to our cesspools, barns, water closets and marsh influences combined. Our wells should be sunk below the sheet water for safety.

What does our therapeutics say to this course of reasoning? It surely answers in the affirmative, as the only remedies so far of consequence (except the eliminating) has been found among the antiseptics, such as the bark and its salts, the iodides, acids, etc., etc., and until some further light the therapeutics, I fear, will not be much changed. We must, I feel, rely upon sanitary conditions for a solution of prevention and cure, for therapeutics has thus far only been able to tide us over each case, or fail entirely, and often not only failure, but becomes an added cause of the mortality we hoped to avert.

*Correspondence.*

DEHAVAN, ILL., June, 1882.

*Editor Peoria Medical Monthly:*

DEAR SIR: While attending a patient recently, I obtained the following "history" which, though meagre enough, may afford a little ground for reflection. Of course the account is not in very good shape, but nevertheless may be taken at nearly par. A great many questions were asked and were not satisfactorily answered, and are therefore left out of the recital.

Several years ago Mr. A. resided on a flat, but well drained farm, adjoining timber. Himself and family enjoyed good health and had been living for two years in the same house, and were actively engaged in farm business. The house was comfortably arranged and well located, though small. The outbuildings were all distant over two hundred feet and situated on ground well drained. No pools of water near by, nor any accumulation of filth of any kind. The well was covered and protected from surface leakage, and afforded an excellent quality of water.

A daughter residing many miles distant was reported sick with typhoid fever. The mother went to her relief, remaining quite a while. Four weeks after her return home, a son, seventeen years of age, while gathering potatoes, October 15, 1878, was taken with severe headache and became at once delirious. In two hours he was covered with red blotches two inches square. The delirium was intense, but ceased in twenty-four hours. Profuse catarrhal discharge from mouth and nose, which continued for weeks. Tongue clean with brown edges. Slight diarrhoea at first, then constipation, with small discharges at intervals of several days. No hemorrhages. Convalesced in seven weeks. Four weeks after the son was taken sick, a daughter aged sixteen years and a son nine years, were attacked. The daughter suffered severe pain in the right side of the head, and was delirious several days before the pain was complained of, and all the time afterward till convalescence, which occurred in six weeks. Two weeks after

the attack she bled freely from the nose and continued to do so every few hours for a week. Had no catarrhal trouble. The boy became at once delirious and continued so for three weeks without catarrhal difficulty. He recovered fairly well in three weeks. Neither had any difficulty with the bowels noticeable by the attendant. Two weeks from the time these were taken another son, aged eleven, complained of intense headache, and though not at all delirious was confined to bed for four weeks. A daughter also at the same time was taken with precisely similar symptoms, but was out of bed one week sooner than the brother. Last of all, about two weeks from the time of this daughter's convalescence, the mother began complaining of severe headache, was delirious on the fifth day and continued so for ten days, after which, or to the end of her sickness, she suffered much from severe cough with free expectoration. The fever was intense in all the cases for more than half the duration of the sickness, and then gradually abated till recovery.

Neighbors came and went to the number in all of one hundred and fifty, taking turns in caring for the family.

The visitors slept in the beds with the sick, and no precautions whatever to guard themselves or the friends from contact with the sick were observed. Not one of the neighbors or visitors contracted the disease, nor were there any other cases anywhere in that section of country known. The husband, though losing many nights' sleep and being much exhausted by attendance on the sick, entirely escaped the disease.

I give the account as received from the family, who are sensible people.

Yours, &c.,

C. B. MACLAY, M. D.

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#### Septic Infection of the Male.

A second fatal case is reported through coition with a woman just recovering from puerperal septicæmia. The first occurred in Germany. But little sympathy can be felt for a man thus afflicted.—*American Journal of Obstetrics.*

**Society Transactions.****The American Medical Association.**

As space will not permit of a full report of the proceedings of the St. Paul meeting, we will give only a synopsis of the business proceedings which are of most general interest.

Immediately after the opening exercises, which consisted of prayer by Rt. Rev. Bishop Ireland, and a short address of welcome by Gen. Lucius F. Hubbard, governor of Minnesota, were concluded, Secretary Atkinson read protests against the admission of delegates from New York State Society, from the State Societies of Indiana, Georgia, Arkansas, Tennessee and Kentucky, the Philadelphia County Society, the St. Louis Society, and many other organizations. Also, a letter from Dr. S. D. Gross to the same effect. These protests were received with unanimous applause, and were referred to the Judicial Council.

After some announcements on behalf of the committee of arrangements, the chairman of that committee introduced Vice President and Acting President P. O. Hooper, who then delivered the annual address. The address was rather lengthy, but was listened to with close interest, and frequently interrupted by applause.

A letter from Dr. Woodward, president of the association, was then read by the secretary, who was instructed to cable to Dr. Woodward in Europe the greeting and sympathies of the association. Other letters of regret from different gentlemen were read by Dr. Atkinson, including one from Dr. Lewis A. Sayre to the secretary of the New York State Society, in which he declined to act as delegate from that society.

Dr. Davis, of Chicago, presented a series of resolutions from the Temperance Union to the effect that "All state legislatures be recommended to enact laws requiring the physiological dangers and evils resulting from the use of alcoholic beverages be taught in all schools supported by public money or under state control." These resolutions were referred to the section on state medicine.

At the meeting of the second day of the session Dr. Denison, of Colorado, offered the following paper, which was referred to the Judicial Council:

"In order to correct a misconception which largely prevails in the public mind, and to some extent prevails among members of the medical profession, as to the liberty of action authorized by this association in the treatment

of disease, we deem it proper to make a declaration of principles broadly applicable to the healing art as sanctioned and practiced under our code, to-wit: Rational medicine, being based upon experience and pathological research, demands absolute freedom in the selection and administration of materia medica; and there is nothing in the code of ethics of the American Medical Association prohibiting the use by its members of any known and honorable means of combating disease. Furthermore, as contributing to the alleviation of human suffering, we hail with pleasure and gratitude every discovery in etiological and therapeutical science by whomsoever made.

We therefore reject as untrue and obnoxious the term "Alopathists" as applied to the members of this association by dogmatists and extremists without its fold.

First—Because it tends to convey the erroneous impression that we are restricted to the choice of remedies and the method of using them by other than the limits of rational science.

Second—Because for any association of men claiming to practice the profession of medicine to adopt a name based upon limited and conjectured theories of therapeutics for the purpose of designating a particular school of medicine, we have always held, and still regard, as unscientific in principle and dangerous in practice."

Dr. J. H. Packard, from the committee on journalizing the transactions, made a lengthy report, favoring the establishment of such a journal, to be called "The Journal of the American Medical Association;" to be published weekly at \$5 a year to members, and \$6 to those not members of the association.

On motion the report was made the subject of special business on the following morning.

The amendment offered at the last meeting by Dr. Goodwillie to Art. II., Sec. 8, Permanent Members, strike out the words, "but without the right to vote," was laid upon the table by a heavy majority.

The following report of the Judicial Council was presented and adopted:

1. In regard to the Nebraska State Society referred to us last year, the council report that a careful examination of the documents and matters involved in the protest of certain members of the Nebraska State Medical Society against the admission of said society to representation in the American Medical Association, show no proper cause for such protest at the present time; and consequently the society is entitled to its full representation by delegate in this association.

2. In regard to the resolution concerning the use of remedies, controlled by a patent copyright or trade mark, etc., which was reported from the section on practical medicine and materia medica, and by the association referred to the Judicial Council last year: The council has decided, after careful examination, that inasmuch as said resolution includes matter not referred to in the code of ethics, and said code contains all that is necessary for the proper guidance of members of the medical profession, therefore the resolution should not be adopted by the association.

3. In regard to the protests against the action of and the reception of delegates from the New York State Medical Society, which was referred to us, the Judicial Committee reports as follows:

Having carefully considered the code of ethics adopted by the New York State Medical Society at its annual meeting in February, 1882 (as furnished by the secretary of said society), the Judicial Council find in said revised code provisions essentially differing from and in conflict with the code of ethics of the association; and, therefore, in accordance with the provisions of the ninth by-law of this association, decide unanimously that said New York Medical Society is not entitled to representation, by delegates, in the American Medical Association.

[ TO BE CONTINUED. ]

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## **Periscope.**

### **Iodoform Poisoning.**

Iodoform and its pernicious action upon the organism, has become a burning question of the day, and its application in surgery, at first so enthusiastically adopted, is now threatening to be less unreservedly resorted to. As I introduced the drug into surgical practice, it is my wish to express plainly my opinion in respect to the prevailing iodoform panic. Many cases of iodoform poisoning have undoubtedly occurred, but if they be judged without prejudice each will be rightly interpreted. For example, I recall a case out of the ante-antiseptic times, operated upon for hemorrhoids under narcosis, most violent psychical symptoms ensued, sleeplessness, delirium, fluttering pulse, and fits of actual insanity, which lasted three days and nights. The patient was of sober habits and recovered.

To-day all this would be regarded as an exquisite picture of iodoform poisoning. Up to this time I myself have never had a case of iodoform intoxication, although using iodoform dressings almost exclusively during four years. My wards are overfilled with beds and patients, and only within the present year have been provided with ventilation apparatus; there are windows upon but one side. The patients come from the populace, about 3,000 in hospital and 4,000 outside clinic.

I ascribe my immunity from the bad effects of iodoform in surgical dressings to the following causes: 1. The drug is never used in great quantities. 2. It is never subjected to great pressure when placed within a wound. 3. The bandages are rarely changed. 4. The wounds are never washed off while changing dressings in order to apply fresh iodoform, since absorption takes place more readily in granulating wounds than in fresh ones, as is well known. 5. I never combine the iodoform with another antiseptic, but use it separate and alone.

I have always insisted that in the use of iodoform no other antiseptic should be applied to the wound, especially not carbolic acid; the iodoform is of itself sufficient, and by reason of its continued action is superior to the carbolic acid. At present I go further, and insist that the simultaneous use of iodoform and carbolic acid is directly injurious, indeed dangerous, not so much in respect to the wound itself as to the whole organism.

My assistant, Dr. Brem (*Wien. Med. Presse*, 1882, Nos. 7 and 8), has explained the cause of the toxic effect of iodoform. Free iodine is formed in the blood, which, should it not act perniciously, quickly combines with the alkalies present and must be eliminated by the kidneys. Should such an excess of iodine be set free that it cannot quickly enter in combination, or should its elimination be hindered, toxic effects must appear. Now, carbolic acid always causes some nephritic irritation, which, in case of dark colored carbolorine, may increase to nephritis carbolica, and thereby the excretion of the iodine will be interfered with. In a case published, the scanty and strongly carbolic acid tinctured urine, only on the third day after diminution of the carbolic acid contents, exhibited the presence of iodine. I always find, however, iodine in the urine voided after the application of my iodoform dressing.

I beg of the profession to use the iodoform dressing purely, without carbolic acid solutions and gauze. Of course the hands, sponges and instruments may be purified with carbolic acid, but do not apply it in any shape to the

wound itself if iodoform is to be used. Up to this day iodoform has not been used exclusively in Germany, nor as a rule in Austria, consequently that method has not had fair trial.—*Centralblatt f. Chirurg*, No. 11, 1882.

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**Lumbo-Colotomy in the New-Born for Relief of Imperforate Rectum,**

Is the title of a paper by Dr. Wm. A. Byrd, Quincy, Ill. The operation was performed on the left side, and the patient did well; but at the request of the parents, Dr. B. operated a second time (October 21st, 1881), to establish a channel for the fæces through the anus. On passing a finger downwards into the rectum from the artificial anus, it was found to narrow down to the size of the appendix vermiformis, and finally to cease to be pervious about three inches from the anus. Down into this narrow portion of the bowel a small sound was passed as far as possible and an incision was made, extending back to the coccyx, upwards from the anus till the sound could be felt in the narrowed bowel above. The sound was then forced through one-eighth inch of intervening tissue, against the finger in the anus, and allowed to protrude from the anus. A stout thread was attached to the sound, to one end of which a No. 10 Jacques catheter had been secured. The sound was next withdrawn through the artificial anus, leaving the catheter protruding, one end from each anus. A compress with a bit of "rubber dam" under it, was then secured to the end of the catheter which protruded from the artificial anus, and the catheter drawn down somewhat so as to plug the artificial opening to some extent. The patient nearly succumbed to the shock of this operation; and Dr. Byrd waited to complete the operation, which was done by taking a piece of soft gum tubing of the size of the little finger, and one foot long, and invaginating half an inch of one end, which was firmly tied to the end of the catheter, which had been left in the position above described, and which was next drawn downwards, pulling after it the expanded end of the tube, which, lodging firmly in the mucous membrane of the narrowed portion of the intestine, drew it down to the anus. On the 17th November following, the tube was removed and the little finger passed readily up the opening, which was found covered throughout with mucous membrane. Dr. B. thinks the artificial anus will close spontaneously with only a well adjusted pad applied, but should it not, he will operate.—*Courier of Medicine—Va. Medical Monthly*.

**Removal of the Entire Uterus for Cancer of the Cervix Uteri.**

In the *American Journal of the Medical Sciences* for April, 1882, Professor Clinton Cushing reports two cases in which the entire uterus was removed for cancer in the neck. In the first case the patient was 46 years old and had borne several children, the youngest being nearly full-grown. The operation was performed by laparotomy according to Freund's method, and occupied an hour and forty minutes.

Ether was used as an anæsthetic; very little blood was lost. Death from shock occurred at the end of fourteen hours.

In the second case the patient was 47, and had ceased menstruating for two years, but latterly each sexual act was followed by hemorrhage. She had one child 24 years old. The uterus was removed through the vagina. The patient having been etherized and placed on a table on her left side, a Sim's speculum of the largest size was introduced, and the cervix drawn down by a vulsellum. The uterine arteries were controlled by introducing a needle carrying a heavy silk ligature from below backward through the roof of the vagina, and which, passing within a quarter of an inch of the cervix, was made to include the tissue as high as possible in its sweep. After the arteries on either side had been securely tied, the uterus was separated from the bladder by means of scissors. The pouch of Douglas was then opened in the same manner, and the fundus of the uterus drawn down backward with a vulsellum, until the Fallopian tubes and upper part of the broad ligament came within reach. Ligatures passing through the broad ligament encircled the spermatic arteries on both sides. The blood supply to the organ being now controlled, the latter was allowed to return to its place.

The cervix was next seized and drawn down, and the uterus readily separated from its remaining connections with scissors.

There was only slight oozing of venous blood from the right broad ligament, which was easily controlled by a ligature introduced with needle and needle-holder. All the ligatures were left long and depending from the vagina.

The wound in the vault of the vagina was not closed, in order to provide perfect drainage.

The subsequent discharge from the vagina was slight and with scarcely any odor. However, antiseptic vaginal injections were used every two or three days.

Recovery was uninterrupted, the temperature never rising above 101 degrees. The ligatures dropped away at the end of four weeks. Four months after the operation the patient was in good health, with no indication of a return of the disease. The roof of the vagina was closed by a smooth scar, and there was no tenderness on pressure. From his own experience in these two cases, and from the results in the practice of others, Dr. Cushing has been led to the following conclusions:

"First. Do not undertake the operation of entire removal of the uterus if the surrounding tissues are involved in the disease, or the uterus is at all fixed, for the operation is then very difficult, and the disease would certainly return at the seat of the operation.

"Second. Operate by the vaginal method, it being a much safer one.

"Third. Leave the opening made by the removal of the uterus open, so as to allow perfect drainage, there being, apparently, no disposition to prolapse of the small intestines.

"Fourth. Keep a self-retaining catheter in the bladder, in order to avoid its distension, and to prevent the too frequent disturbance of the patient."

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#### **Syphilitic Infection with Iritis from an Oral Chancre.**

The effects of syphilis are so marked that those familiar with the sequelæ of the initial lesion cannot mistake the appearances, especially when they follow each other in a regular order. An iritis, occurring simultaneously with a widely spread copper-colored eruption, indicates too surely a constitutional infection from a well known cause, with a positive diagnosis of syphilis, regardless of the character of the person who exhibits these symptoms. It may ever remain an unexplained problem how the disease was contracted, but as to the disease itself there can be no doubt. Such facts often come before the physician in large practice. In response to the anxious inquiry of parents as to what this can possibly be, the cautious physician gives it the name of blood poisoning, keeps his suspicions to himself, administers mercury in some of its many forms, and in the course of time has the satisfaction of removing the conspicuous evidences of this firmly rooted disease.

Such a case is now under my care. At the suggestion of her family physician a mother brings her daughter, a modest young lady of eighteen years of age, to have an inflammation of the eye treated. For ten days the right

eye has been much inflamed, accompanied by severe suffering and serious impairment of sight. She had been told that it was a severe cold in the eye, and that it would soon yield to an eye-drop which had been prescribed. No improvement showing itself, and the suffering being unusual for a case of catarrhal ophthalmia, the case was sent to me for treatment. I found a marked case of plastic iritis. A very contracted pupil with much conjunctival congestion. An atropia drop had very little effect in enlarging the pupil, which seemed to be bound in every direction. She had not slept for some nights on account of the severe suffering. Copper-colored scaly spots were noticed on the forehead and chin. She showed similar ones on the arms and said that they were on all parts of the body. Two months since she had had sore throat and from that time her hair has fallen out in large quantity. By tapping the anterior chamber and emptying it of its aqueous contents prompt relief was given to the nocturnal pains; and by leeching, with the administration of salycilate of sodium in twenty-five grain doses every three hours, the acute attack of iritis was promptly relieved. Under the local use of an atropia solution, gr. viij to 1 oz., one adhesion after another was broken up, with finally a perfectly dilated pupil. From having vision excessively blurred she now reads readily *brilliant*, which means that the eye is perfectly restored. She is now taking biniod. hydrarg., in 1-16 gr. dose three times a day, and using on the surfaces most spotted a solution of bichloride of mercury in glycerine. The spots from the face have quite disappeared and those upon the arm are rapidly fading out.

That this is a clear case of constitutional syphilis there can be no doubt. The chief interest lies in its origin. During the treatment she called my attention to a thickening of the lower lip at and to the right side of the median line. Five months since what seemed to be a fever blister made its appearance on the lower lip. It attained a considerable size, became surrounded by a hard base, and was six weeks in healing. Some of the hardness still remains, five months from the beginning of the lip sore. When the lip became hard the glands under the jaw at chin and at maxillary angles were very much enlarged and so painful as nearly to stop mastication. It was two months from the ulceration that the general symptoms above narrated commenced to show themselves. She does not know why the stubborn fever blister, as she calls it, made its appearance. She does not remember that anyone whom she may have kissed had a sore lip, or that any of

her friends had a trouble similar to her own. Such accidental transmissions from mucous labial patches are not rare, but in this latitude are very seldom met with.—*Maryland Medical Journal*.

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#### The Tomato as a Dietary.

The profession and the public are by no means agreed as to the dietetic value of the tomato. The classical authorities on food, such as Pavy and Chambers, dismiss the claims of this vegetable very curtly, simply placing it among the anti-scorbutics, and allowing it a little, if any, nutritive power. The public, on the other hand, believe this ally of the potato to be not only a highly nutrient vegetable, but a stomachic, a cathartic, and generally a potent blood purifier. That the tomato is thought too little of by the profession generally is true, but it may be doubted whether it possesses those wonderful alterative powers ascribed to it by the Americans, many of whom persuade themselves that they are never in health except in the tomato season. This fruit (as it may also be called), however, exhibits one remarkable property in connection with plant diseases, which suggests its use as a germicide and a protector against those disorders, so many of which we now know derive their origin from bacteria and allied germs. If a tomato shrub be uprooted at the end of the season, and allowed to wither on the bough of a fruit tree, or if it be burnt beneath, it will act not only as a curative, but protective, against blight and similar attacks. This hostility to low organisms is due to the presence of sulphur, which is rendered up in an active condition in the decay or burning. Remembering that digestion also splits up the tomato into its chemical constituents and releases sulphur, probably in a nascent condition and probably in the intestinal canal, it may have as great potency there as experiments prove it to have outside the body. Summer diarrhoea, English cholera and typhoid fever are all due to low organisms. As the diarrhoeal and typhoid seasons are luckily contemporaneous with the fruiting of the tomato, it is not unreasonable to assume that tomato-eaters would be more than ordinarily likely to escape such diseases. It is worth noting that typhoid fever is most prevalent among the poor, to whom this expensive vegetable is almost unknown. Sailors, too, just after landing, are particularly liable to typhoid, and in them we may always assume a more or less scorbutic condition. But the question of the protection against disease by certain diets, and by such habits as the

use of alcohol, tobacco and opium, has as yet been hardly inquired into.

Experiments are now being made on the tincture of the tomato which will help in determining its therapeutic value. Meanwhile, eaten cooked with hot meats, and in the form of salad after a cold lunch, it is a pleasant and useful addition to our ordinary regimen. The fruit-acids it contains, combined with the mechanical effect of the seeds and skins, render it to some extent an enemy to scurvy as well as a laxative, and the sulphur, with its known power over septic conditions, would probably contribute to make its use a protection against the poison germs of those diseases, like typhoid, that find their way into the system primarily by the alimentary canal. One caution is needed to the lovers of this esculent. The taste for it being an acquired one, it is the more likely to be indulged in to excess, and we have known almost as many *tomato-maniacs* as *ostro-maniacs*. All kinds of raw fruit, it should be remembered, except used with care, are liable to irritate, and we have known an instance where a person, working hard on raw tomatoes only, was seized with inflammation of the bowels, which proved fatal in a few hours. As an article of diet, then, two or three tomatoes will be found as effective as, and certainly safer, than a dozen.—*Austrian Medical Journal*.

#### Arsenical Treatment of Chorea.

M. Siredey, we read in the *Revue de Therap. Med. et Chirurg.*, has long had recourse to arsenic in the treatment of rheumatismal chorea, and has had good results from this medication. He uses the solution of Bondin:

℞	Ac. arsenius,	gr. xv.	
	Aquæ destill,	℥ij.	M.

This is allowed to boil for about a quarter of an hour, and is then ready for use. The extreme dilution of the solution is favorable for its use among children. For a child from six to ten years of age, about one drachm and a half may be given daily, in divided doses, in sweetened water. In this way the medicament is generally well tolerated.

Dr. Stottmann, of the Breslau Clinic, constantly prescribes the following solution in chorea:

℞	Liquor Fowleri,	m iv.	
	Aquæ,	drachms ij.	M.

This quantity to be taken in divided doses daily. He

generally obtains a complete cure in from sixteen to twenty-one days.

In some cases he adds from 8 to 15 grains of chloral to the prescription. He has generally found that anæmic children, and those of hereditary nervous dispositions, bear this form of medication well.—*Medical and Surgical Reporter*.

#### Keith and Listerism.

Dr. R. S. Sutton, in a recent letter to the *Pittsburg Medical Journal*, writing from Edinburgh, says: "I write \* \* \* to correct a false impression abroad in America, and which I also shared prior to coming here. The impression is this, that Dr. Thomas Keith, the great ovariotomist, had given up Listerism. This is false. Dr. Keith said to me a few days ago, 'Mr. Lister is the most important man to surgeons in England.' Again, in speaking of him, he said, 'Mr. Paget holds the highest position among English surgeons — Mr. Lister is certain to occupy the next.'

"This does not look like a denunciation of Listerism. But, you ask, how about Mr. Keith's estimate of the spray? Well, Mr. Keith used the spray as suggested by Mr. Lister, viz: a five per cent. solution, for some time. His results are well known to the profession. He concluded to try without spray and got on equally well. Carbolic spray he believed had been the cause of death in probably two or three instances, and he suffered personally from its use. He gave it up, however, entirely irrespective of personal considerations of comfort. His decision was against a five per cent. solution of carbolic acid in spray, and he did not adopt a weaker solution, but gave up carbolic spray entirely. Now carbolic acid spray is not Listerism, nor is Listerism carbolic spray; but it is but one factor of Listerism. This factor Mr. Keith dropped, and held to all the other factors of Listerism, the embodiment of that system in surgery which stands out like a revelation in science."

So, too, we find a similar report in regard to Mr. Lister himself. Dr. J. N. McCormick, now abroad, writes to the *American Practitioner* as the result of personal observations of operations by Mr. Lister, as well as a personal interview with that gentleman at his house: "That while he fully appreciates some of the disadvantages which are urged against his method, and is experimenting with other substances in the hope of finding something which will possess all the power for good and none for harm of carbolic acid, his faith in antiseptics is unshaken, and he believes

that much of the present skepticism in regard to its value has grown out of the imperfect manner in which many surgeons carry it out, and to the bad results of modifications of it, which are only antiseptic in name."

#### **Sulphide of Calcium as an Antisuppurative.**

Dr. Andrew H. Smith, chairman of the committee on restoratives of the Therapeutical Society of New York, furnishes to the *New York Medical Journal and Obstetrical Review*, for June, 1882, a report of the committee on the use of sulphide of calcium for the purpose of preventing or diminishing suppuration. After giving the experience of several members of the society, Dr. Smith concludes his report as follows: Judging from this limited number of cases, it would seem that we are warranted in concluding that in many cases of suppurative affections, ranging from the small pustules of acne to extensive suppurating surfaces, an appreciable, and often a very marked, benefit is derived from the use of the calcium sulphide, suppuration which would otherwise take place being averted, or the quantity and duration of an existing discharge being lessened. At the same time its action is not uniform; and in many apparently favorable cases it will fail entirely. The drug is somewhat prone to irritate the stomach, and this circumstance affords an indication for small doses frequently repeated instead of larger ones at longer intervals. One-tenth of a grain every two hours in acute cases will generally secure the full therapeutical action of the drug, but larger doses may sometimes be required, and some patients will bear well a grain three or four times a day. Even in small doses the sulphide will occasionally produce headache, and the patient is usually more or less annoyed by eructation of sulphuretted hydrogen.

#### **The "Brunelli Process" of Embalming.**

1. The circulatory system is cleansed by washing with cold water till it issues quite clear from the body. This may occupy from two to five hours. 2. Alcohol is injected so as to abstract as much water as possible. This occupies about a quarter of an hour. 3. Ether is then injected to abstract the fatty matter. This occupies from two to twenty hours. 4. A strong solution of tannin is then injected. This occupies for imbibition from two to ten hours. 5. A warm current of air passed over heated chloride of calcium is now made to dry the body. This may occupy from two to five hours.—*Detroit Lancet*.

**Ovarian Dermoid Cysts.**

The origin of these has been much disputed, and theories of their formation are very numerous and discordant. Blumenbach claimed that they were the results of an excess of formative nîsus. Waldeyer at one time advanced the hypothesis of parthenogenesis, but abandoned it. Lawson Tait has since adopted the same hypothesis with additions. Heschl claimed that dermoid cysts result from the inclusion of abnormal structures, and from the same being pinched off during foetal life. This explanation was only made for dermoid cysts, other than those of the testicle and ovary. His extended it to apply to those of the testicle and ovary. Verneuil and Hueter adopt the theory of foetus in foetu. Dr. Elsner (Dublin Medical Science, May, 1882), after an extended analysis of cases coming under his observation, and the literature of the subject, says: We know that dermoids occur externally and internally in places where the epiblast dips down to meet the hypoblast, and where by processes of grooved involution new bodies are formed, such being, first in order, the testicle and ovary, and that therefore they are all embryonal in their first structure. Small at first, they may under certain conditions develop to an enormous size, as occurs in the ovary where a periodical afflux of blood goes on after puberty, about which time it is observed that dermoids take on growth. That the occurrence of bone, muscle, and nerve, etc., in genital dermoids is explained by the fact that all three layers of the blastoderm contribute to form the intermediate body (the Wolffian) from which the ovary and testicle become developed, and hence cells belonging to either layer may only too readily be pinched off in the involution process. They are perfectly innocent growths anywhere except in the ovary, and only malignant there as any growth might be. All dermoid cysts are essentially the same. The foetal remains (properly so called, not shapeless bones) do not point to formation of foetus in foetu, nor are they analogous to dermoid cysts, but are due to analogous process at an earlier stage of embryonic life: Inclusion of one ovum in another the included becoming part and parcel of the other.—*Chicago Med. Rev.*

**Dangers of Catheterism.**

A recently reported case in London, where death occurred as a result of the passage of a catheter, furnishes a lesson for all to remember. It is well known that the introduction of this instrument, even in those of sound and

vigorous constitution, has, in not a few cases, been followed by severe rigors and death. Why this should be so is not positively demonstrated, though it would be rational to suppose that its action was due to the impression made on the nervous structure of the sexual organs, and transmitted from there to the vital nervous centers. The nature of the impression we know not; but we do know how to avoid it, and this, after all, is the important practical point. In the London case, after the introduction of the instrument, the man was allowed to walk away and do as he chose. He was soon after taken with severe urethral hemorrhage, which had occurred in a slight degree at the time of the operation, and died in three days. To avoid these accidents, the following rules should invariably be observed, else, if you neglect them, you may, knowingly, be the cause of severe trouble and may be death: 1. Place the patient in bed, *between blankets*. 2. Warm the catheter to such a degree (by dipping it in hot water or other means) that it will feel warm, *not hot*, to the back of your hand. 3. Oil it well and introduce *without using the slightest force*; if you do use force, you will be very apt to lacerate the urethra, and possibly to produce a false passage, with all its subsequent horrors. 4. Keep the patient in bed, between the blankets, for at least an hour after all the nervous excitement caused by the operation has subsided, and give him a big dose of quinine, from five to ten grains. By observing these simple precautions you will almost never have any result trouble from the passage of a catheter in a healthy man.—*Med. and Surg. Rep., March 18.*

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#### Spermatorrhœa—Ergot.

Dr. Etienne Evetzky says: *Spermatorrhœa* is a purely nervous disease; still it can be considered here, as is the customary practice. Impotence, of which spermatorrhœa is only a symptom, is characterized by an excessive irritability of the reflex centers situated in the lumbar spine, and governing the act of ejaculation. This condition is due partly to their functional over-use and partly to a congested state of the lumbar portion of the spinal cord. During the night, when the inhibitory function of the brain is suspended, any peripheral irritation in the domain of the genito-urinary apparatus may be sufficient to determine a seminal emission. The fact that it usually occurs during the early morning is due to the bladder being distended with urine, and to sleep being particularly deep at that time. When we use ergot in these cases we must not ex-

pect everything from it, and it should be combined with sedatives, tonics, and particularly with local and general electrization. Ergot will relieve the congestion of the spine and at the neck of the bladder; it will also tone up the blood vessels of the urethral mucous membrane. It has seemed to me frequently as if ergot had the power of stimulating the sexual centers.

*Prostatorrhœa* is another symptom of impotence. It is due to congestion of the prostrate gland, which results in a catarrhal condition of the follicles, sometimes quite severe. Ergot will relieve this symptom, as well as all other vascular disorders peculiar to this disease.

In speaking of the use of ergot in inflammations of the mucous membranes, it was stated that it benefited *leucorrhœa*, *cystitis*, *bronchitis*, *conjunctivitis*, *pharyngitis*, *nasal catarrh*, *gleet* and *gonorrhœa*. In urethral inflammation Curran used injections of ergot, while Eldridge made use of urethral bougies. Negri administered ergot internally during the chronic stages of gonorrhœa, in men as well as in women.—*N. Y. Med. Jour.*, *March*.

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#### Dangers Due to the Susceptibility of the Uterus.

Prof. Verneuil calls attention to the fact that although the uterus can generally be subjected with impunity to the most varied operations, there are yet certain women in whom, owing to a peculiar susceptibility, the most insignificant operations lead to grave results. A fatal peritonitis has been known to ensue from the simple vaginal touch. M. Verneuil cites two cases of death occurring in women the subjects of cancer of the uterus; in one an application of perchloride of iron had been made, in the other the part had been lightly touched with chromic acid in order to check fungous projections. After the most simple surgical interference with the uterus it is, therefore, necessary to take the most minute precautions in order to avoid these possible accidents.—*L'Union Medicale*.—*Cin. Lancet and Clinic*.

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#### Syphilis — Iron with Mercury.

By giving iron along with mercury, full doses of the latter may be given to very broken-down subjects without fear. My own individual experience has been that while I use mercury very freely in syphilis, no case of salivation or other mercurial trouble has occurred since iron has been systematically given with the mercury.—*Fothergill in Aids to Rational Therapeutics*.—*So. Pract*.

**Treatment of Abscess of the Liver.**

Dr. Randolph Winslow, in *Annals of Anatomy and Surgery*, contributes an excellent article on this subject, and closes his paper with the following conclusions:

The following summary represents the results of my investigations in regard to the surgical treatment of abscess of the liver:

1. The liver should always be aspirated in a case of suspected abscess, in order to verify the diagnosis.

2. Many small and a few large abscesses have been cured by one or more aspirations; hence this method should always be employed at the first exploration, and we should then wait until it refills. If the pus collects slowly and in small amounts, it may be again aspirated; if quickly and in large quantities, aspiration is not to be relied upon.

3. Incisions should be made into the abscess cavity at the most prominent portion of the tumor, whether in an intercostal space or not; and irrespective of the presence or absence of adhesions.

4. Rigid antiseptic precautions add much to the safety and certainty of a successful result.

5. When Listerism is impracticable, good results will be generally obtained by simple incision or puncture by a trocar and canula, followed by the introduction of a drainage tube, and the daily use of carbolized injections.

6. Any of these methods are preferable to leaving the case to nature.—*Gaillard's Med. Jour., April.*

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**Carbuncles—Carbolic Hypodermics.**

Dr. N. B. Kennedy, Hillsboro, Texas, reports the following:

I was called August 19, 1878, to see J. R. D., one of our most esteemed citizens, suffering with fifteen large carbuncles on his back and neck. He was suffering fearful agony, his family informing me he had not slept five minutes in five days and nights. I at once injected four or five drops of carbolic acid into each of the carbuncles with the happiest effects. In five minutes the old gentleman was in a sound and refreshing sleep, which continued without intermission from 4 o'clock p. m., until 9 o'clock a. m. He awoke from sleep greatly refreshed and without pain, and never did have any more pain. Twelve of the carbuncles aborted and three went on to suppuration, or rather, had commenced to suppurate, when I first saw them. A complete cure followed in three weeks.—*Med. and Surg. Rep.*

**Aconite in Acute Dysentery.**

Dr. W. Owen, Port Blair, India (Indian Medical Gazette, April 1, 1882), reports having treated one hundred and fifty-seven typical cases of acute dysentery with aconite. He was induced to give aconite by the following considerations: First: Its influence in other acute inflammations. Second: From its relieving internal congestion. Third: It has a marked antipyretic action in febrile cases. Fourth: It has a sedative action on the gastro-intestinal mucous membrane. He gives one minim of the tincture of aconite (British Pharmacopœia) every quarter of an hour for the first two hours, and a minim an hour subsequently, making half a drachm in twenty-four hours. This method has been found by him to be followed by the very best results in the great majority of his cases.—*Med. Rev.*

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**Book Notices.**

**Materia Medica and Therapeutics.—Inorganic Substances.**—By Charles D. F. PHILLIPS, M. D., member Royal College of Physicians, etc., etc. Edited and Adapted to the U. S. Pharmacopœia by LAURENCE JOHNSON, A. M., M. D. Vol. II. W. Wood & Co., New York. Cloth, 8 vo., 340 pages.

We noticed the first volume of this work in our May number. Among the more important substances treated of in this volume are silver, arsenic, bismuth, lime, copper, iron, mercury, lead, potassium, sodium and zinc. The arrangement is natural and will give general satisfaction. We recommend the work as one of value.

**Practical Medical Anatomy.**—A guide to the Physician in the Study of the Relations of the Viscera to each other in Health and Disease, and in the Diagnosis of the Medical and Surgical Conditions of the Anatomical Structures of the Head and Trunk. By AMBROSE L. RANNEY, A. M., M. D., etc., etc. Cloth, 8 vo., 340 pages. W. Wood & Co., New York.

From a somewhat careful examination of this book we are forced to the opinion that it is one of the least valuable of the series to which it belongs. Not that the plan which is indicated in the voluminous title is faulty, but that the author has not successfully carried his plan into execution. Much of the contents is too trivial to be inserted in a book of this pretention, and all of it is scattering and often irrelevant. The illustrations show signs of frequent usage, and those few which are not accredited to other works are the poorest of them all. Some of them would hardly do credit

to the illustrated department of a country newspaper. We hope that Messrs. Wood & Co. will give more attention to the character of the works which they shall hereafter admit into their now famous and valuable library of medical authors.

**The Physician Himself, and what he Should Add to the Strictly Scientific.**—  
By D. W. CATHELL, M. D., 2 Broadway, Baltimore, Md. Cloth, 8 vo., pp. 194.  
Price, \$1.25.

The title of this little volume should have been, "The Physician's Hand-book of Ethics and Practice," which would more nearly have expressed the purpose, but we will not quarrel with the author about the title, but shall thank him for the writing of such a book. No one can read it through without being a better man for the reading. Its appearance at the present time, when ethics is the subject of frequent discussion, is very opportune. No one could do a medical student or young practitioner a greater good than by placing this book in his hands, and every physician, no matter what his age, should give it careful perusal. Many suggestive hints of much value are scattered throughout its pages, and the whole book is written in a clear, practical and common-sense style. Any who may purchase the work through our recommendation will thank us for bringing it to their notice. It may be had of the author. The type, paper and binding are excellent, and a credit to the publishers.

#### Reprints and Pamphlets.

**Report of the Resident Physician of Brigham Hall, a Hospital for the Insane, for the year 1881.**

**Working Bulletin for the Scientific Investigation of Cascora Sagrada.**

**Working Bulletin for the Scientific Investigation of Jamaica Dogwood.**

The object of these bulletins is to promote original investigation in the science of drugs. It, with a sample of the drug to be investigated, will be sent to Colleges, Hospitals, and others interested in scientific experimentation, and the results arrived at will be published for the benefit of the profession. They are sent out by the Scientific Department of PARKE, DAVIS & Co.

**Proceedings of the Sixth Annual Meeting of the American College Association, held at Cincinnati, May 16th, 1882.**

## Therapeutic Notes.

## DYSPEPSIA.

- R** Diastase, 10 grains.  
 Pepsin, 50 grains.  
 Ex. of gentian, 50 grains.  
 Tartaric acid, 50 grains.  
 Powdered rhubarb, 50 grains.  
 Gentian, q. s.

**M.** Divide into three grain pills.  
 Dose, two or three pills during meals  
 or before.—*Drug Circular.*

## CONSTIPATION.

- R** Quiniaz, sulph. a. a. 15 grains.  
 Piperinae, 12 grains.  
 Hydrarg. submur., 4 grains.  
 Ex. nucis vom., 1 1/2 grains.

**M.** Ft. pil. no. xxx. Sig. One pill  
 morning and evening.—*N. O. Med. Jour.*

## RING WORM.

- R** Adipia, 6 drachms.  
 Glycerinae, 2 drachms.  
 Sodii carbonat, 1 drachm.  
 Calcis pulv., 1/2 drachms.  
 Carbonis (liq.) pulv., 1 1/2 ounces.

**M.** Sig. Before applying this salve  
 remove scabs by using starch poultices.  
 Treatment should be kept up two or  
 three months in cases of tinea tonsurans.  
 —*N. O. Med. Jour.*

## QUINIDIA FOR INTERMITTENTS.

- R** Quinidia sulph., 30 grains.  
 Oleo-res. capsici, 3 grains.  
 Morphiaz sulph., 1 grain.  
 Syrupi, q. s.

**M.** Ft. pil. no. x. Sig. One every  
 three hours.—*Med. and Surg. Rep.*

## DYSMENORRHOEA.

**Dr. L. L. Leeds** of Lincoln, Ill.,  
 writes us that he has found the tincture  
 of pulsatilla, given in half-drachm  
 doses thrice daily during the interval,  
 to be a most excellent remedy in this  
 affection.

## CHRONIC BRONCHITIS.

- R** Ammon carb., 1 ounce.  
 Spts. etheris nit.  
 Syr. scillae, a. a. 1/2 ounce.  
 Tr. camph. co., 3 drachms.  
 Infus. senegae ad., 8 ounces.

**M.** Sig. Tablespoonful every four  
 hours. This is especially valuable in  
 the chronic bronchitis in old persons.—  
*Canada Lancet.*

## PEPSIN IN DIPHTHERIA.

- R** Jensen's pepsin, 1 drachm.  
 Acid hydrochlor, c. p., 20 drops.  
 Aquae, q. s. 1 ounce.

**M.** Sig. Apply copiously every hour  
 with a throat mop. **Dr. Rosenthal**

reports that this solution acts like a  
 charm, dissolving the membranes and  
 placing them soon on the road to con-  
 valescence.—*Med. Bulletin.*

## NOCTURNAL INCONTINENCE OF URINE.

- R** Ex. ural vae fl., 12 drachms.  
 Tr. ferri chloridi, 2 drachms.  
 Tr. nucis vomicae, 1 drachm.

**M.** Sig. Teaspoonful in cold water  
 at 3 and 9 p. m. In stubborn cases  
 give at 11 a. m., 3 and 9 p. m., until  
 better, then at 3 and 9 p. m.—*Medical  
 Brief.*

## MEMBRANOUS DYSMENORRHOEA.

- R** Pulv. guaiaci res.  
 Terebinth. canadensis, a. a. 1 ounce.  
 Ol. sassafras, 2 drachms.  
 Alcoholis, 8 ounces.

**Mix.** Macerate for seven days and  
 strain. Then add

Hydrarg. chlor. corros., 1 scruple.

**Sig.** Take twenty drops in wine or  
 sweetened water night and morning.—  
*Va. Medical Monthly.*

## CHORDEE.

- R** Chloral hydrat, 1/2 drachm.  
 Camphorae, 12 grains.  
 Morph. acetatis, 2 grains.  
 Ol. theobroma, q. s.

**M.** Ft. suppos. no. 6 (15 grains each).  
 Sig. One every hour in rectum until  
 relieved.—*Med. and Surg. Reporter.*

## CYSTITIS.

- R** Bals. copaibae, 4 drachms.  
 Acid benzoici, 4 scruples.  
 Gum arabici, 2 drachms.  
 Sacct., 2 drachms.  
 Ol. gautheriae, 20 drops.  
 Aq. Camph. q. s. ad., 8 ounces.

**M.** Sig. Teaspoonful every two  
 hours.—*Medical Gazette.*

## DRY ASTHMA.

- R** Salicylic acid, 4 drachms.  
 Spts. nitre, 2 ounces.  
 Water, 10 ounces.

**M.** Sig. A tablespoonful every two  
 hours until relieved.—*Med. Brief.*

## EXTERNAL HÆMORRHOIDS.

**Dr. Blaschke** of Berlin recommends  
 compresses soaked in a one per cent.  
 solution of ergotin, to be applied hourly.

**Dr. Pasqua** of Florence gives the  
 following ointment as infallible:

- R** Ex. belladonnae, 5 grains.  
 Iodoformi.  
 Plumbi acetat. a. a. 1 grain.  
 Ung. petrolei, 1 drachm.

**M.** Make into an ointment to be  
 applied three or four times a day.—  
*Drug Circular.*

# THE PEORIA MEDICAL MONTHLY.

THOS. M. McILVAINE, A. M., M. D.,

*Editor and Publisher,*

304 South-Jefferson Street, - - - - - PEORIA, ILL.

\*. All exchanges, books for review, and communications must be addressed to the Editor and Publisher.

\*. The publication day of this journal is on or about the 10th of each month

\*. To subscribers! A pencil mark at this place indicates that the time of your subscription has expired, and that a prompt renewal is urgently requested.

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## Editorial Department.

### The St. Paul Meeting of the American Medical Association.

In the matter of work accomplished the late meeting of this body was a success; in point of numbers it was a still greater success, and in the way of social enjoyment of those present, it was a success superlative. The attendance was, with one exception (in New York City) the largest ever had. The names of 943 permanent members and delegates were enrolled, while the number of physicians attending as visitors must have swelled this number by at least 200 more. A great number of physicians were accompanied by their wives or other members of their families, to the estimated number of 400; and to the credit of St. Paul be it said, this large number of people (over 1,500) were all cared for and entertained most royally. Few and far, very far between, were complaints heard, and these came only from those who should have stayed at home.

Under its proper heading we publish an abstract of the business accomplished at the general sessions of the association, while here we will give some account of the meeting generally, devoting our attention to the social features of the association, and in trying to make those who stayed at home wish they had been there.

The opening of the association on the first day was a striking scene and one long to be remembered. The lower

floors and stage of the opera house were filled with as fine appearing a body of men as can be assembled, and it impressed the looker-on with the idea that it was a body of hard thinkers and hard workers. Upon the stage were seated many whose names are intimately associated with American medical history. There was the slight figure, massive head and piercing eye of Davis, the portly figure of Sayre, the rotund and almost ever smiling Toner, a very prince among gentlemen; the erect, large and elegant person of Hooper; there were Cole, Atkinson, Stone and many others. Among the audience were seated others of no less renown. The famous and genial Battey, the still erect and graceful Atlee, although his eightieth birthday is a thing of the past, Marcy of Boston, Parkes and Jenks of Chicago, Westmoreland of Georgia, Marks of Wisconsin, Garcelon of Maine, but space permits of no further enumeration.

It was frequently remarked that the general character of this meeting was younger than those of previous years. Grey heads were there and bald heads in abundance, but a majority of those present were men of middle life or below; and surely the younger men did not illy compare in looks and actions with those of maturer years. We overheard a lady make the remark "that she always thought doctors fine looking men, especially when they got to be old."

The audience was in a happy humor and applauded heartily whenever occasion offered. Any reference to upholding the dignity of the profession by standing squarely up to the code of ethics, was greeted with great applause. From the moment of opening the first session there was no doubt felt but that the New York delegates would not be received. They may and undoubtedly did have sympathizers among the audience, but such did not deem it discretionary to make themselves heard. Dr. Hooper delivered a fine address, and made a splendid presiding officer; fully posted in parliamentary usage and the rules of the association, he was impartial and polite, but dignified and strict in his rulings. To him is due much of the smoothness with which the business was transacted.

Dr. Atkinson is the same clear-headed, pleasant and alert secretary as of yore, and any change in this office would be a serious mistake.

At the opening of each day's session there appeared on the stage a gentleman to whom those visiting St. Paul are more indebted than any other single person, for everything which tended to make the meeting pleasant, and socially perfect. We refer to Dr. Alex. J. Stone, chairman of the committee of arrangements;—always pleasant, ever attentive, indefatigable and untiring in his labors, he deserves all the credit that can be bestowed upon him. It was stated that for two nights at least he did not have over three hours' rest, and we know that during the day he did not allow himself over three minutes' rest. His pleasant manners, and hearty interest in everyone will not soon be forgotten, while his apt and oftentimes humorous way of making statements was enjoyed by everybody. For instance, when it was proposed to call a policeman to keep order during the enrollment at the court-house, he said, "the police are under orders to let the doctors severely alone." Again, "the gentlemen on the committee of arrangements will take it as a slight if you do not bother them all you can." Whatever was the plan to entertain their guests, everyone understood that Dr. Stone was at the bottom of it. His nomination as one of the vice-presidents for the present year gave unanimous satisfaction.

The social features of the meeting were numerous and complete. On Tuesday evening a grand reception was held in the Metropolitan Hotel, at which the people of St. Paul turned out in their best array to do honor to the strangers in their midst. Wednesday evening six receptions were held at private houses of citizens, namely, Senator Ramsey, Drs. Stone, Hurd, and Murphy, Messrs. Hill and Becker. Thursday evening the people of the beautiful city of Stillwater honored the association by an excursion to that city, a ride up the lovely river St. Croix, and a reception at the house of Hon. D. M. Sabin. The elegant grounds of Mr. Sabin crown one of the bluffs upon the St. Croix, and upon this occasion was the scene

of a most magnificent entertainment. The large grove of native forest trees was illuminated by numberless Chinese lanterns and over a hundred electric lights. Six long tables, with a seating capacity of 150 each, were spread with an elegant collation. A fine band furnished music for those inclined to dance upon the platform prepared for that purpose. Everything was done that ingenuity could contrive or wealth supply, to make it the grand success that it was.

By Friday evening many of the members had left the city upon one or other of the three excursions which had been offered them by the railroad companies. The offers made by these authorities were royal ones. During the month of June every member of the association and his family were given free transportation over the entire length of the roads. The magnitude of this offer can be imagined, but not fully comprehended when we state that the Northern Pacific is completed 700 miles west of St. Paul, the St. Paul & Duluth is over 150 miles in extent, and the St. Paul, Minneapolis & Manitoba extends 500 miles north, or up to Winnepeg. To offer free transportation over all this territory, as Dr. Stone expressed it, "to travel as much as you please, go over the road as often as you please, stop over when and where you please;" to offer this to over 1,000 persons, is to do that which so far as known to us is unparalleled.

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#### Notes and News Items.

DR. JOHN BROWN, of Edinburgh, best known as the author of "Rab and his Friends," died May 11.

SIR JOHN ROSE CORMACK, an eminent surgeon of Edinburgh, died in Paris, May 15.

DR. R. M. HOUCK (Rush '82) has located at Morrisonville, Ill.

THE notorious Smith Whittier, alias Dr. James of Chicago, was through the instrumentality of the State Board of Health and the Society for the Suppression of Vice, sentenced for three years at hard labor to the Penitentiary at Chester, on last Saturday, by Judge Blodgett.

THE representative of the Homœopathic College in Cook County Hospital has resigned. The contrasts in practice were too great for his sensitive soul.

PROFESSOR BIGELOW has resigned the Chair of Surgery in Harvard University. His successor has not yet been appointed.

DON'T you think this journal is worth a dollar a year? If you do, why don't you send in the dollar and get the back numbers of Vol. III?

DR. E. C. DUDLEY has been appointed Professor of Gynecology in the Chicago Medical College. Gone to meet the rest of the editors of the *Review*.

THE *Mississippi Valley Medical Monthly* is one of the neatest monthlies that comes to our table. Its editors know how to get up a bright lively journal.

THOSE sending in their subscriptions during this month will receive the back numbers of the present volume if desired. Please state with your order whether you wish them or not.

EVERY reader is earnestly requested to contribute an article for our pages; short, practical articles are wished for. We can give you as large an audience as any journal in the West.

WE are pleased to learn that our friend and esteemed contributor, Dr. Romaine J. Curtiss, of Joliet, Ill., has been unanimously elected Professor of State Medicine and Hygiene in the College of Physicians and Surgeons of Chicago.

THE College of Physicians and Surgeons of Iowa, has been organized, and will begin operations in October, 1882, at Des Moines. Iowa seems anxious to catch up to Missouri in the number of her medical colleges.

DR. F. A. KEETON has been elected to the chair of Genito-Urinary Diseases and Dr. C. C. P. Silva to the chair of Materia Medica in the College of Physicians and Surgeons, Chicago. We also learn that our friend, Dr. S. T. Anderson, has been elected adjunct professor to the Chair of Diseases of the Chest in the same institution.

THE Russian government has ordered the druggists of Moscow, to cease practicing medicine. We suppose the Czar was afraid of falling into their hands, which would be more dangerous to him than the Nihilists.

THE staff of Bellevue Hospital will hereafter consist of three surgeons, three physicians and one gynecologist from each of the medical colleges, namely, the University, Bellevue, and Physicians and Surgeons, together with seven outsiders not connected with any school.

No LITTLE wonder was expressed at St. Paul as to how the secretary of the American Medical Association got the letter of Dr. Sayre addressed to the secretary of the New York State Medical Society. Perhaps Dr. Sayre furnished him with a copy of it—just for effect, you know.

It was Dr. Oliver Wendell Homes, we are told, to whom, as he was waiting for a prescription, the druggist said: "That is my son, sir, sitting by you; don't you think he looks like me?" "Well, yes," replied the poet, "I think I can see some of your liniments in his face."—*Drug-Circular*.

WE have again run short on charts, but will have plenty on hands in a few days. This will explain the delay in sending them out to several new subscribers. The charts seem to be appreciated. Send in your subscription for the year and you will receive them both free. Fill out the subscription blank complete.

THE Cook County Medical Board is now constituted as follows: Drs. Gunn, Parkes and Bridge from Rush; Drs. Danforth, Fenger and Hollister from Chicago Medical; Drs. Stephenson, Mergler and Graham from the Woman's College; Drs. McWilliams, Steele and Rea from the College of Physicians and Surgeons; Drs. Lee, Murphy, Guerin, Jacobson and Cunningham as representatives of the non-collegiate physicians.—*Chicago Med. Rev.*

BOUND volumes of Vol. II. of this journal will be ready for distribution within a few days. They are nicely finished in library style—leather backs and corners, cloth sides and heavy boards. Our offer is to furnish them at \$1.50 each.

or to new subscribers, for \$2 we will send the bound Vol. II. and the journal for the present year, or all of Vol. III. We have but a limited number of Vol. II., so those wishing them will please order at once. Orders must be accompanied with the cash.

THE staid old *Chicago Medical Journal and Examiner* has just found out that the Tonga trade-mark suit of nearly a year ago, has been settled. We suppose, that in the course of a year or so, the same staid old journal will take up the subject of Garfield's wounds, or Guiteau's insanity. We would not be surprised if it soon announces the discovery of the circulation of the blood, or vaccination, as a novelty. Great is Chicago!

"THE New York physicians have engaged a lawyer to aid them in their support of their new code of ethics. Who will be asked to pass upon the medical code next? A lawyer has no more comprehension of the nature and relations of medicine and medical men than has a merchant, a banker, a teacher, a minister or a priest. As a result of a very excellent and able lawyer is simply puerile."—*Detroit Lancet*.

The newspapers have undertaken the task of instructing the doctors on their duty in ethical matters, and of enlightening the public with regard to the workings of the code, but so far they have only succeeded in exhibiting the usual ignorance of men who presume to criticize subjects concerning which they have no knowledge. No matter who is right in the premises, newspaper men always take the part of the under dog in the fight on general principles.

THE MEDICAL STUDENT'S PRIMER.—What place is this? This is the Pathological Society. How does one know it is the Pathological Society? You know it is by the specimens and the smells. What does that gentleman say? He says he has made a post-mortem. All the gentlemen make post-mortems. They would rather make post-mortems than go to a party. What is that on a plate? That is a tumor. It is a very large tumor. It weighs 112 pounds. The patient weighed 85 pounds. Was the tumor removed from the patient? No, the patient was removed from the

tumor. Did they save the patient? No, but they saved the tumor. What is this in the bottle? It is a tape-worm. It is a long tape-worm; it is three-quarters of a mile long. Is that much for a tape-worm? It is, indeed, much for a tape-worm, but not much for the pathological society.—*Medical Record.*

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#### Receipts to July 1st.

To save the time and expense requisite for sending a formal receipt to subscribers, we have for some months past adopted the plan of printing in this place the name of those from whom money has been received during the preceding month. Those remitting will please note whether their names are included in the lists, and if they are not, will notify us by card:

ILLINOIS—Drs. J. A. Walker, L. G. Thompson, J. M. Cowen, W. H. Chapman, A. T. Darrah, W. S. Williamson, G. W. Briggs, G. H. Phillips, D. F. Rupp, Jno. H. Tyler, J. Keesee, J. E. Charles, A. S. Adams, Francis Drude, E. A. Ingersoll, E. E. Reynolds, C. Goodbrake, W. R. Baker, Robert Roskoten, N. Holton, J. A. Mitchell, S. J. Bumstead, A. W. Hurd, Julius Gunther, D. Lewis, S. F. Sanders, R. B. Blacklock, C. Park, E. H. Keith, A. R. Small, J. L. Kitchen, A. F. Campen, Geo. Espey, W. R. Hamilton, John Cary, J. H. McDonald, M. S. Marcy, J. H. Tyler, H. Kruse, W. Chamberlain, J. A. Robinson, Hugo Rothstein, J. Studer, J. F. Cooper, S. M. Pegram, F. S. Hulsey.

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COLORADO—Dr. C. B. Richmond.

TEXAS—Dr. W. W. Woodward.

INDIAN TERRITORY—Dr. J. L. Thomas.

TENNESSEE—Dr. Wm. Jennings.

NEBRASKA—Dr. C. L. Jackson, J. Hoover.

DAKOTA—Dr. A. F. Bryan.

IOWA—Drs. J. D. Elliott, R. A. Hawthorn, D. T. Martin.

CALIFORNIA—Dr. H. Rozsas.

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#### Quinine as an Oxytocic.

From an experience of forty years in the treatment of malarious fevers, we are confident that M. Petit Jean mistook a consequence of the intermittent fever for a result of the action of quinine. At the commencement of our career, when we were timid in using quinine, abortion was no uncommon occurrence in pregnant women attacked with the various types of periodical fever, and to whom no quinine had been given. It is a frequent occurrence in

fevers of all descriptions, and the female may consider herself fortunate in passing through the commotion of any fever without a premature expulsion of the fœtus. Since we commenced to employ quinine in liberal, yet reasonable doses, in paroxysmal fevers, we have *never* observed abortion in patients affected with them. We should reasonably suppose that an agent which, when properly administered, would prevent the convulsive rigors of the cold stage, and the high febrile excitement of the exacerbation which follows, would be the best means of preventing abortion in those subject to such violent disturbing influences, a hypothesis which extensive observation has fully confirmed.—*Dr. Otis Manson, Trans. Va. Med. Soc., 1881.*

### Some Things that may Interest You.

The formula of Richardson's CELERINA challenges the confidence fully of anyone acquainted with its constituents. I have had occasion to prescribe it in numerous cases, and have found it to justify my expectations to a highly satisfactory degree. In nervous debility or nervous exhaustion, especially from protracted overwork—in short, for almost any form of neurasthenia, it seems to me an invaluable remedy.—*C. C. Forbes, M. D.*

Lactopeptine maintains its reputation with the profession. *Its therapeutic value is unquestionably established.*

I have used IODIA extensively as an Alterative in some of the worst forms of Syphilis, and can truly vouch for its merits as such. I consider it the most effective remedy for the purpose I ever used. I have had better success with it than all other remedies combined. For Leucorrhœa and Ulceration of the Os Uteri, I consider it invaluable.—*Wm. H. Dale, M. D., 22 Laverett St., Boston, Mass.*

I have used BROMIDIA with the best results. *It produces sound and refreshing sleep, where opium or morphia fails.*—*W. G. Parks, M. D., Anna, Ind.*

It has long been a great desideratum with physicians to get a reliable preparation of peptonized beef, one that would fill all the indications and act, not as a stimulant, but as a nutritive. We have tested carefully the soluble beef preparations Scott & Browne, of 108 Wooster street, New York, and we consider their food *par excellence*—the nutritive without a rival. We most cordially recommend it to the medical profession.—*N. E. Med. Monthly.*

Probably there is no preparation that has been so long before the medical profession of America, that has stood the test of time as has Horsford's Acid Phosphate. The very best physicians of the country use it and commend it, and for the purpose it is applied to, we know no equal.—*Idem.*

The formula of Caulocorea contains just those drugs which are known to be the best for the conditions for which it is recommended; and the skill and delicacy used in its preparation insure the very best results from its use. A number of physicians who have used it testify to its value. It is certainly a sedative and uterine tonic of great power.

We have used Murdock's Liquid Food in a number of cases of great debility, and where the stomach was unable to retain any kind of foods; in some in fact the patients were starving to death. The results have been all *and more* than we expected. We think it needs but a trial to prove its worth to everyone.

FOR SALE.—A small, well-fitted Drug Store; stock about \$600. (Postoffice in connection.) Doing a good business. A two-story frame dwelling, 24x32, six rooms and pantry, new barn, etc.; four lots 80x200 feet each. Value \$1,200. In a nicely located town of over 300 inhabitants, in centre of a beautiful prairie, thickly settled, mostly German of the best class—a good practice, and good pay. Terms reasonable. Address —, M. D., P. M., Hoyleton, Washington County, Ill.

# THE PEORIA MEDICAL MONTHLY.

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VOL. III.—AUGUST, 1882.—No. 4.

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## Original Communications.

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ART. I.—The Stomach Pump in Some of the Convulsions of Childhood. By  
WILLIAM A. BYRD, M. D., Quincy, Ill.

I presume that no physician who has witnessed the terrible spectacle of a child in convulsions but will welcome any addition to his *armamentarium* for the safe and speedy relief of the sufferer. Having witnessed many cases where the coma was so profound, and the muscles were so rigid, that the only hope of relief lay in the administration of chloroform by inhalation, which only relieves a symptom without removing the cause, made me ponder seriously for some better plan than had been so far suggested. As most convulsions are induced by the child having eaten too much, or having partaken of improper or indigestible food, the stomach pump is naturally suggested as a certain means of relief.

I did not have to wait long for an opportunity to test the practical working of my theory. I was sent for in great haste to see Willie G., aged 6. When I arrived at his bedside, I found him in profound coma, the eyes half open and turned back, froth exuding from the mouth, jaws tightly clenched, head thrown back, breath smelling very offensive and sour, face purple and breathing slow and stertorous. This condition had existed for half an hour, as I was informed.

Upon questioning his father about what he had eaten, and intimating that I believed that he had eaten something that caused the spasm, he became quite angry, and declared that it was impossible that anything he had eaten could be the cause, as the boy had been with him the whole day, and consequently could not have eaten anything deleterious without detection.

It being impossible to give an emetic, and chloroform being only paliative, I determined to wash out his stomach. Always carrying with me a common soft rubber tube, a third of an inch in diameter, to use as tourniquet, stomach tube, or anything else that it could be used for, this tube was passed into the stomach, the mouth having been pried and held open with a knife-handle, and that viscus filled with warm water by the use of an ordinary enema syringe, which was used to fill the tube, and then by keeping the external end of the tube below the surface of warm water in a basin, and raising the basin a foot or two above the level of the child's head, a very nice syphon was formed, through which the water flowed into the stomach. By lowering the basin the stomach was emptied. Continuing this washing back and forth for a few minutes relieved him enough to enable him to vomit, when up came a mass of apple peelings as large as my fist. With the appearance of the peelings the father's anger vanished, and the boy's muscles relaxed. Injecting a solution containing 10 grains of bromide of potassium and a few drops of tincture of opium through the tube into the stomach, to keep him quiet, and withdrawing the tube, I took my departure, and the boy went to sleep to wake up in the morning all right, with the exception of some muscular soreness.

On another occasion, where the parents declared that the child could not have eaten anything to cause the spasm, a large quantity of popcorn was dislodged with the happiest result.

Again, I saw a very bright little girl in spasms which I believe were as terrible as any I have ever witnessed, where nothing was brought up from the stomach but some oleander flowers. This case was seen in conjunction with

Dr. M. F. Bassett, and we were compelled to administer our remedies for two days through the tube. She was nearly a week fully recovering, the delay being due likely to the absorption of poison from the oleander leaves, yet the recovery was perfect and in every way satisfactory.

Of course I do not advise this treatment in all cases of spasm, but in those only where indigestion is a prominent factor. Where there is much sourness of the stomach, I am now in the habit of using a solution of bicarbonate of soda, to wash out the stomach first with, followed by pure water, then the sedatives are thrown into the stomach, and the tube withdrawn.

The operation is very easily done, only requiring a piece of soft rubber tubing two or three feet long, and a syringe to fill the tube with. After the tube is once full a syringe is unnecessary, and it is not absolutely necessary in the beginning, as the tube can be immersed in water until it is full and the external end doubled on itself and passed through a ring or tied so as to hold it in a kink; the other end can then be readily passed through the mouth into the stomach, after which, the outer end being held under water and lower than the stomach end, the kink is released and the vessel containing the water is raised above the stomach, the syphon is complete. This method of using a rubber tube for a syphon stomach pump was suggested by the late Dr. John T. Hodgen a good many years ago in cases of poisoning, and most of the cases of convulsions in children are in reality cases of poisoning.

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ART. II.—Best Methods in Practice. BY GEC N. JENNINGS, M. D., Tonica, Ill.

In the contest for business and money that most of us are engaged in, I have noticed that those who do the best work win; not necessarily the most profound and learned, but the men who are up with the times—the most industrious, and have an eye for improvement in ways and means.

Practitioners of medicine are no exception to this rule. The routine doctor who takes but one medical journal, and

confines himself to the identical formulas, medicines and instruments recommended by his college professors twenty years ago, is not the one to win patronage.

I am called to treat a case of pneumonia, or rheumatism or cholera morbus—complaints that every doctor is presumed to know how to manage. It is not enough that the patient recovers; he would most likely do that without my aid; but I want the recovery to be quick and the means used safe and agreeable. In short, I want to use the best methods; and this may make all the difference in the long run between success and failure.

A physician who provides himself with the best appliances of his art, and who studies to make his prescriptions safe, and pleasant to the eye and taste, though the mortality in his practice is no less than that of his routine neighbor, will secure the best patronage and take the most satisfaction in his business.

The best methods are not confined to any particular branch or school of the profession, but may include much even of empiricism. Nothing, it is true, gives the practitioner of medicine so much satisfaction as having established facts and fixed rules to bear on every case that comes under his care; this is what distinguishes the educated physician from the mere empiric; yet not every case can be successfully treated on "general principles;" and whether we are governed by the law of similars, or opposites, or of specifics, or by each as occasion requires, we shall often find ourselves obliged to fall back on experience (our own or that of others) without regard to the why or wherefore.

And this, it appears to me, is the most important function of the medical journal, namely: to furnish that interchange of experience, and that medium for the discussion of ways and means which is necessary to develop the best methods in the practice of medicine.

It is amazing how soon one finds himself far in the rear if he drops the periodical literature of the profession even for a short time. Two years of residence in southern California without a medical journal, placed the writer of

this so far behind the times that he was ashamed to meet his medical brethren, when at the end of that time he resumed practice; and it was several years before the lost ground was recovered.

Speaking in less general terms, it would be profitable to inquire, for instance, what is the best method of utilizing the practical portions of our periodical literature for future reference? To what extent shall we patronize "new remedies" and expensive pharmaceutical compounds? To what extent dispense our own medicines? What attitude assume toward Homœopathy? It is easier to ask questions than to answer them, but there are scores of such which occur to the medical man, beside the more important ones relating to the management of disease and remedies, the answer to which involves a consideration of methods.

Hoping that what I have written may suggest thoughts for others to enlarge upon, I will abruptly leave the subject with the possible contingency of resuming it at some future time more in detail.

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ART. III—Treatment of Hemorrhoids by Forcible Dilation of the Sphincter and Hypodermic Injection of Ergotine. BY N. HOLTON, M. D., Smithville, Ill.

In April, 1881, Mrs. G., aged 40 years, called me to see her as medical adviser; found her very anæmic, weak and emaciated, with a countenance of great anxiety. Upon inquiry as to the cause of her condition, she gave a history of hemorrhoids of 14 years duration, and daily hemorrhages from them for a great part of the time, which of course clearly accounted for the great impoverishment of the blood, and the general deplorable condition in which I found her. Investigation showed numerous tumors in the rectum with a greatly relaxed condition of the mucous membrane of the lower bowel, and a deposit of fibrin at the anus and sphincter muscle, making such strong constriction that it was with difficulty the index finger could be introduced for the purpose of investigation.

She was told that treatment, to be of any value to her, must control the loss of blood; restore the blood,

remove the tumors, regulate the bowels, and restore the tone of the system generally. Regarding the constriction as an important factor, by impeding the venous circulation in producing the hemorrhage, I advised her that the anus would need dilating thoroughly. This might be done gradually by using dilutors, but my opinion was that rapid dilation by force would be the best course to pursue. She cheerfully consented to the latter course, and it was immediately put in practice by administering ether as an anaesthetic, and thoroughly dilating the anus by inserting the fingers into the rectum and using sufficient force to effect that result, and to my surprise, on account of her weakened condition, it required all my strength. A cold compress was applied to the parts, and opiate administered, and she was directed to keep her bed for several days.

The following pill was given morning, noon and night, commencing on the third day after the operation:

R	Strychnia,	1-20 grain.
	Ferri sul.,	1-20 grain.
	Ext. rhei.,	1½ grains.
	Ergotine,	1 grain.
M.	Ft. pil.	

In a week I saw her and found there had been no bleeding since the operation, and the extreme pain she had been subject to on account of the protrusion of the tumors and mucous membrane of the bowels, when she had an evacuation from the bowels, together with strangulation of the protruded parts and inability to return them, was removed. At this visit finding everything favorable and that there had been but trifling inflammation from rough handling of the week before, I commenced the injection of the tumors with a watery solution of ergotine by the hypodermic syringe, operating upon three of them at this time. If this remedy has been used in this way and for such purpose before I am not aware of it, but the great relaxation and lack of tone of the whole mucous tract of the lower bowel suggested it to me in this case. The result has been so good that I call professional attention to it here, that others may make trial of it in similar cases if they have no better remedy.

In a week another visit was made and three more tumors were operated upon, the two operations encircling

about one-half the circumference of the diseased parts. At this visit she stated she felt better than she had in the whole time she had been suffering, and had had three natural evacuations from the bowels. A third operation upon the remaining tumors, in a week from the last, was supposed to be sufficient to completely cure, but there being some relaxation of the mucous membrane after three weeks, three more injections were made to make sure of complete cure.

During the treatment she was directed to use a cool Sitz bath and injections into the vagina of quite warm water twice daily, the warm water injections to be followed by an injection of the following:

R	Acid carbolic,	2½ drachms.	
	Glycerine,	2½ ounces.	
	Tannin,	1 drachm.	
	Aqua pura,	1½ pints.	M.

Ft. injectio. S. Use two ounces in vagina, retaining for a few minutes.

This case must be regarded of importance for she had been treated by many doctors, some regular and some irregular, the greater part of the fourteen years, with a result of constantly growing worse, till her case became one of great peril to her and constant suffering, and only because her case had not been rationally investigated and treatment adopted sufficient to meet the indications.

ART. IV.—Facts Concerning Nasal Catarrh. BY A. S. CORE, M. D., Quincy, Ill. Continued from the July number.

We will consider briefly the effect of obstruction in the nasal cavities upon the functions of adjacent organs which depend upon normally free and unobstructed nasal passage: First, olfaction; second, vocalization; third, respiration; fourth, audition and the sequelæ which follow where these passages become narrowed or closed.

1. In the normal action of the olfactory function there is of necessity a free and complete interchange of the air in the nasal cavities during each respiration, by which means the odoriferous particles are brought in contact with

the terminal fibres of the olfactory nerve. A delicate odor is perceived by drawing air forcibly through the nasal passages charged with the odorous particles, but if by obstruction the circulation of the air through the nose is cut off, the sense of smell is impaired. When disease invades this passage it extends by continuity of tissue to the olfactory region, and the olfactory cells become impaired by being bathed in the mucus secretions, cutting off the circulation of air through the nasal passages and impairing the sense of smell.

2. In vocalization the normal or tortuous nasal passages have the effect of increasing the resonance of the voice, but when an increased amount of secretion is poured into the passage by the secretions becoming so great, and in such quantity that it cannot be thrown off through the natural channel, it overflows and invades the pharynx and trickles down upon the delicate structure of the larynx, which, once in contact with these parts, the glutinous mucus acts as a foreign body and by its constant presence provokes a hard, rancous voice, without timbre or resonant qualities, and in common parlance, we "speak through the nose," as it is expressed; but the facts are just the opposite, for the passage being closed the sounding-board function of the pharynx and nasal cavities, on which so much of importance in vocalization depends, must necessarily be to a greater or less extent impaired and the voice rendered flat and rancous.

3. In respiration the tortuous nasal passage is to warm the air and separate the fine particles of dust from it, forming a protection to the throat and lungs, as it were, by modifying the air we breathe, rendering it suitable for respiration. Many of the troubles of the pharynx, larynx and lungs are the direct results of mouth breathing. The air should, in passing through the nasal cavities, be moistened, temperature elevated, freed from dust and foreign particles, and rendered uniform and suitable for respiration; but when nasal respiration is impeded or cut off, there is a diminution in the air supply, and many cases of dyspnoea, spasmodic asthma, and other conditions arise from the occlusion of the nasal cavities.

4. The ear must be in such relation to the nasal cavities as to admit of a continual communication of the external air with the middle ear if perfect hearing is maintained. The air can not be supplied to the tympanic cavity by any other route than through the nasal passages and eustachian tubes. The aural pressure is lessened in proportion to the degree of nasal obstruction. This tends to produce a partial vacuum in the middle ear by cutting off the normal atmospheric pressure, so that in the act of swallowing the communication of air through the eustachian tubes is incomplete, owing to the obstruction. If the obstruction is great aural changes take place rapidly, giving rise to false hearing, distressing tinnitus, giddiness, severe earache, suppuration and gradually increasing deafness. If it is only slight this goes on more slowly, sometimes imperceptibly, and sooner or later the most serious functional and structural changes take place—that of collapse of the membranes, adhesive bands binding it to the posterior wall, causing an inactivity of the ossicular chain, and from this inactivity the delicate articulation becomes stiffened, impacted, and finally immovable from the altered tension. The tensor tympani muscle and ligament become so relaxed from disuse that the best efforts of the practitioner can not effect an improvement.

The symptoms of nasal catarrh are those of frequent or more or less continuous obstruction of the nasal passages, with a more or less copious secretion, mucous or muco-purulent in character, discharged from the passage posteriorly as well as anteriorly; inability to breathe through the nose; impairment of the sense of smell; a sensation of taking cold on slight unfavorable changes in the weather; weakness of the eyes, which become tired and painful on close application; a dull and languid feeling with persistent headache, causing one to be indisposed or incapacitated for mental work; inability to remove the nasal secretions; hoarseness and disturbances of speech from the secretions constantly flowing back into the throat; asthma, deafness, and on arising in the morning with a feeling of fatigue, an unpleasant, bad taste in the mouth and a morning headache; and this only to be aggravated

by imprudent or accidental exposure to changes of temperature or local irritation.

In regard to the diagnosis of a case in hand, one can only be made by the use of the nasal speculum and pharyngeal mirror, aided by a head mirror and artificial light. Whenever there is much accumulation of mucous or incongruous masses in the nasal fossæ, it must be cleaned away by blowing the nose, spraying, washing, or a mop of some kind, with which the inspissated secretions may be removed. With this the different conditions can readily be seen and differentiated by their situation and appearance. The question that now arises, what must we do? depends on what the indications for treatment are, and may be formulated as follows:

1. Attention to hygiene by removing all sources of irritation resulting from occupation, residence, etc., such as avoidance of inhalations of cold and hot air, dust and smoke; also of the ingestion of very cold or very hot, strongly alcoholic or highly spiced foods and drinks. Smoking should be prohibited, but in the inveterate not altogether, because they will only obey for a short time and then smoke more excessively than before, and it is better to restrict them gradually to three cigars a day. Blowing the smoke through the nostrils is especially injurious, and one should insist on its discontinuance. Cigarettes are particularly injurious, and their use should be absolutely forbidden.

2. Keep the parts clean by either gargling, spraying, or syringing, using at first a solution of sodium chloride, sodium bicarb., potas. chlorate, one-half to one drachm to a pint of water, or Dobel's solution, which is:

R	Acid carb.,	8 grains.	
	Sodæ bicarb		
	Sodæ biborate,	aa. 16 grains.	
	Glycerine,	1 ounce.	
	Aqua dist.,	7 ounces.	M.

Gargling should not be done in the ordinary thoughtless manner, which is little more than rinsing of the soft palate and oral contents, but be performed in such manner as to force the water into the upper pharynx and nose and even out of the anterior nares. I rely most upon the spray

posteriorly, for by this means all parts can be reached and with but little danger, for in this way alone the mucosa of the naso-pharynx becomes rinsed and cleansed by the fluid; at the same time the muscles underneath the mucous membrane are made to contract and in turn promote the the functions of the muciparous glands. The Weber douche I consider as a relic of barbarism, as its use is attended with much danger.

3. If there is obstruction to nasal breathing, either foreign bodies, polypus, adenoid growths, hypertrophied glandular structure, remove it; and one of the best and most simple instruments for removing this, attended with but little or no danger, is the cold Ecraseur wire. In the use of this instrument traction must be made very slowly, stopping at short intervals in order to cause the slightest amount of hemorrhage. There is seldom much pain, but of course patients vary in their susceptibility to pain, and some may complain, but I consider them in the minority. The hemorrhage is trifling provided slow traction is made. It consists usually of one or two clots blown out upon the handkerchief. The method of treating these cases by the use of the galvano-cautery is barbarous in the extreme, and does but little benefit to the patient, and there are certain difficulties in the way of its use which render its application somewhat limited. It is difficult of manipulation. The amount of destruction of tissue that can be accomplished is very uncertain and not always where you want it, and moreover it is very painful. Were not these objections sufficient to exclude hot irons, or the actual cautery from the nasal cavity, there is one other objection in the form of danger attending its use, that is the danger of exciting an acute inflammation of an aggravated character, which may extend to the integument in the form of erysipelas, besides all glandular structure is destroyed and a cicatrix lines the cavity, and you have a dry catarrh which no remedy will benefit. In the use of all escharotics the same aggravated conditions and complications may exist, but not to so great an extent.

4. If there is hyperanæmia, use mild astringents and such constitutional treatment as is thought to be indicated

As a local astringent remedy I consider arg., nit. insufflations, one of the best, but if the parts are ulcerated or granular, iodoform combined with a sedative will answer best, and if atrophied, serpentaria or galangæ are among the best stimulating remedies. Any of these remedies can be combined with some bland powder, in strength varying from 1 to 10 per cent., and used by insufflation. I believe that the same effect can not be obtained by the same remedy in solution, whether introduced by the brush, spray or injection, because the irritation of the instrument will cause the constrictor of the pharynx to draw the mucous membrane into folds and parts cannot be reached at all with a solution, while portions not intended to be touched will receive too much and be thereby rendered irritable.

5. Cease treatment as soon as contra-indicated and give nature an opportunity to complete the work. Many cases are perpetuated indefinitely by the continuation of remedies fired at random after the point of cure has been reached.

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### Correspondence.

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NEWPORT, PA, July, 1882.

*Editor Peoria Medical Monthly:*

DEAR SIR—If space in your journal will allow, I would like to clinch a spike or two which Dr. G. W. Carpenter drove in his article on typo-malarial fever, its cause, prevention and cure.

I have not lived years in the profession, nor yet have I noted thousands of cases, but the season I have spent in the profession has been one of careful observation, hard labor, and close study as regards malaria and its cause. My field of labor is one of the most pleasant which could be given to man in this wide world. Situated in Pennsylvania, along the "Blue Juniata," one of the tributaries of the Susquehanna, in the town of Newport, surrounded by mountains and on the bank of the rapid Juniata, the Indiana man would say. Lo, here is the place where malaria does not corrupt, and where chills do not break through

and shake. But nevertheless we, too, are afflicted. Why? Our town reaches from the river bank back over a high hill. Front street is along the shore, and in summer months have stagnant water close along the street. Yet those people who live there are no more exposed than those who live on the hill. I notice that the rock is about eighteen feet under the surface, and the wells (which are abundant) are twenty-five feet deep, leaving a pool in the rock of about five feet. The town is old, and a majority of the lots are a mass of privy pits, which constantly drain into the pools in the rock.

As regards winds carrying the malaria miasm, I do not believe anything of the kind. That it is due to the drinking water of our town you will all agree, and if I had time I would prove it.

As to the treatment, for which I am newly noted, I can give in a short space. I do not give quinine in drachm doses, nor whisky and calomel; for my experience teaches me that if a man has plenty of blood and that good, containing the requisite amount of red blood corpuscles, that no matter where he lives he gets no malaria. I give a pill containing 1 grain each of quinidia, cinchona, ferri. sub. carb., pulv. blue mass and capsicum, four times a day. Or, I give cinchona, quinidia. each 1 grain; ferri. carb., capsicum, each 1 grain; leptandrin, pulv. rhubarb, each  $\frac{1}{2}$  grain, every three hours. And I often get good results from the following tonic:

R	Syr. ferri. iodidi,	2 ounces.
	Tr. cinchona,	2 ounces.
	Tr. nux vom.,	$\frac{1}{4}$ ounce.
	Ext. taraxacum,	1-12 ounce.

One teaspoonful in half glass of water one hour before meals.

I am of the opinion that if we used dialysed iron, which would not be injurious to the teeth, accordingly, it would cure more cases of malaria than quinine.

Yours truly,

SAMUEL W. SULOFF, M. D.

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BUSHNELL, ILL., July 18, 1882.

*Editor Peoria Medical Monthly:*

I would like to suggest, in the interest of physicians at large, that some measures be adopted to reach that pesty

class that secure the services of every physician within their reach as long as they can secure them for nothing, and then abuse every doctor who will no longer render his services without pay. It is well known that there is a class in every community who never try to pay a doctor-bill. They can usually afford tobacco, and other "luxuries," but can not pay those who administer to them in times of sickness. If doctors would keep lists of such persons as will not try to pay their bills, and publish the same or exchange lists with one another, and then make such persons pay in advance or let them go without aid, they might protect themselves against much fraud and abuse. It is high time something was done. Let us combine and see what can be done.

R. A. PINKLEY, M. D.

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### Book Notices.

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**A Treatise on the Physiological and Therapeutical Action of the Sulphate of Quinine.** BY OTIS FREDERICK MANSON, M. D., Professor of Physiology and Pathology in the Medical College of Virginia. 12vo; Cloth; pp. 164. J. B. Lippincott & Co., Philadelphia, 1882.

The contributions of Dr. Manson to the pathology and treatment of the various intermittent and remittent types of fevers, and the action of quinine as the therapeutic main-stay in them, have been mainly published, we believe, through the volumes of the *Virginia Medical Monthly*, and have elicited no little favorable comment, both at home and abroad. We are much pleased to see these valuable papers now brought into permanent form and made available to all. The book before us contains everything that is known concerning this valuable remedy in a well digested form, and can not fail to interest and instruct. To the researches and conclusions of many authors he adds the experience and results of many years of close observation and careful experimentation. There is nothing to criticize in his statements or conclusions, and but little in the mechanical part of the book. We believe, however, in a future edition that the italicizing of many words and

sentences might be omitted. A profusion of italics only destroys the force of their use, and also mars the beauty of the printed page. The division of the matter into separate chapters and the addition of an index would materially add to the value of the book as a work for speedy reference. We heartily recommend the book to our readers, and hope that others of the same kind, each treating briefly but exhaustively of a single subject, will follow.

### Reprints, Announcements, Etc.

**Double Irrigation and Drainage Tubes.**

**Uterine Dilatation by Elastic Force.**

**The Cure of Hernia by the Antiseptic Use of Animal Ligature.** By HENRY O. MARCY, A. M., M. D., Boston. Reprinted from the transactions of the International Medical Congress, 1881.

**Hot Springs of Arkansas, and Their Therapeutical Indications.** By J. T. JELKS, M. D. Reprint from *Atlantic Medical Register*.

**Plastic Splints in Surgery.** By SAMUEL N. NELSON, A. B., M. D., Boston. Reprinted from the *Annals of Anatomy and Surgery*, April, 1882.

**The Practice of Gynecology in Ancient Times.** By EDWARD W. JENES, M. D., L. L. D., Chicago. pp. 52; Paper. Reprinted from Vol. VI, *Gynecological Transactions*. A very interesting article, containing much that is inaccessible to the majority of physicians. This supposed modern speciality is shown to be but little in advance of that of many centuries ago.

**Note on the Essential Psychic Signs of General Functional Neurasthenia or Neurasthenia.** By C. H. HUGHES, M. D., St. Louis. Reprinted from the *Alienist and Neurologist*, July, 1882.

**Twenty-second Annual Announcement of the Bellevue Hospital Medical College, New York.**

**Twenty-fourth Annual Announcement of the Chicago Medical College, Chicago.**

**Annual Announcement of Trinity Medical School, Toronto.**

**Forty-sixth Annual Announcement of the Medical Department of the University of Louisville.**

**First Annual Announcement of the College of Physicians and Surgeons, Chicago.**

**Fortieth Annual Announcement of Rush Medical College.**

**Annual Announcement of the Memphis Hospital Medical College.**

**Seventy-fifth Annual Announcement of the College of Physicians and Surgeons, New York City.**

**Annual Announcement of the Michigan College of Medicine, Detroit, Mich.**

**Annual Announcement of the Medical Department of the State University of Iowa.**

**Annual Announcement and Catalogue of the Medical College of Indiana.**

### Too Late for Review in This Number.

**Mental Pathology and Therapeutics.** By W. GRIESINGER, M. D. Wood & Co., Publishers.

**What to Do in Cases of Poisoning.** By WM. MURRELL, M. D. George S. Davis, Publisher.

### Society Transactions.

#### The American Medical Association—Concluded.

Dr. Davis, of Chicago, said that although he was a member of the committee which made its report the day before, upon reflection he was convinced that some amendments were required, and he therefore offered the following

##### AMENDMENTS :

*Resolved*, That the interests of the association would be promoted by the publication of its transactions in a weekly medical journal under its own control, instead of in an annual volume as heretofore, provided it could be done without involving pecuniary embarrassment, or so far engrossing its funds as to prevent the annual encouragement of original investigation by its members.

*Resolved*, That so much of the report of the committee on printing the transactions as relates to the increase of membership of this association by application from members of state and local societies be and the same is hereby approved.

*Resolved*, That so much of the report of the committee in journalizing the transactions of the association as relates to the appointment of a board of trustees, nine in number, and their duties, be and the same is hereby adopted, and that the president of the association should appoint a special committee of seven to recommend to this meeting of the association the names of nine members for election to constitute said board of trustees.

*Resolved*, That the board of trustees so appointed be requested to agree upon a plan of a medical journal, to be called the *Journal of the American Medical Association*, and to send circulars explaining such plan, and asking pledges of support by actual subscriptions, to the members of the medical profession throughout the whole country, and thereby ascertain as reliably as possible what degree of support the proposed journal can have as a basis for commencing its publication; and that said board also proceed to ascertain and agree upon the best methods of publishing said journal, the best editorial services it can secure to take charge of the work, and the best plan for its issue.

*Resolved*, That said board of trustees be and are hereby instructed to retain under all circumstances, in whatever plans or contracts proposed for adoption, entire control over the advertising as well as other pages of the journal that is proposed to be established, and that said board report in full at the next meeting of this association, the plans upon which it has been able to agree, together with the response of the profession to its circular asking actual subscriptions to the proposed journal, and that the constitutional amendments proposed by Dr. Packard last year be continued upon the table until the report of the board of trustees is received and acted upon.

*Resolved*, That the treasurer of this association is hereby authorized to pay out of the funds in the treasury the necessary expenses of the board of trustees in printing and distributing its circulars and in conducting its proper correspondence.

*Resolved*, That the committee of publication proceed to publish the proceedings and transactions of the present meeting in a volume as heretofore, using all diligence to give it an early distribution to those entitled to receive it.

Dr. Davis supported his amendments in an earnest speech, and they were equally as earnestly seconded by Dr. Brodie, of Michigan, and were unanimously adopted.

Subsequently the president appointed the following named delegates as a committee to appoint the board of trustees, in accordance with the resolutions, viz: Dr. L. A. Sayre, New York; Dr. J. M. Toner, District of Columbia; Dr. J. Foster Pratt, Michigan; Dr. R. J. Dunglison, Pennsylvania; Dr. Robert Battey, Georgia; Dr. W. F. Peck, Iowa; Dr. H. O. Marcy, Massachusetts.

The trustees subsequently appointed by this committee were as follows:

For three years—Drs. Davis, Illinois; Moore, New York, and Toner, Washington, D. C.

For two years—Drs. Campbell, Georgia; Packard, Pennsylvania, and Connor, Michigan.

For one year—Drs. Hooper, Arkansas; Garcelon, Maine, and McMurtry, Kentucky.

Dr. Toner, of Washington, submitted the report of the Committee on Necrology. It was referred to the Publication Committee without reading.

Dr. Davis, chairman of the Committee on "Atmospheric Conditions and their Relations to the Prevalence of Disease," made a report to the effect that observation stations had been established at twelve cities, and that the work is fully under way. It was

*Resolved*, That the committee be continued, and that \$500 in addition to the unexpended balance of the previous appropriation be placed at its disposal.

The following resolution was adopted:

*Resolved*, That after the next annual meeting the permanent interests of this association would be best promoted by again holding every second meeting in Washington, as its home on common national ground, and not as invited guests, while each alternate meeting should be held in such section of the Union as would be most useful in promoting the society organizations in all parts of our country.

The report of the Nominating Committee was as follows:

Place of meeting, Cleveland, Ohio.

President—Dr. John L. Atlee, Pennsylvania.

Vice-Presidents—Drs. E. Grissom, North Carolina; A. J. Stone, Minnesota; J. A. Ochterlony, Kentucky; H. S. Orms, California.

Treasurer—Dr. R. J. Dunglison, Pennsylvania.

Librarian—Dr. C. H. A. Kleinschmidt, Washington, D. C.

Chairman of Committee of Arrangements—Dr. X. C. Scott, Cleveland, Ohio.

Assistant Secretary—Dr. I. N. Hines, Cleveland, Ohio.

Judicial Council—Drs. Davis, Illinois; J. M. Brown, U. S. N.; X. C. Scott, Ohio; M. Sexton, Indiana; N. C. Husted, New York; Wm. Lee, Maryland; J. E. Rives, West Virginia.

Practice of Medicine—Dr. J. H. Hollister, Illinois, Chairman; Dr. J. G. Lee, Pennsylvania, Secretary.

Surgery and Anatomy—Dr. W. F. Peck, Iowa, Chairman; Dr. P. F. Eve, Tennessee, Secretary.

Obstetrics—Dr. J. K. Bartlett, Wisconsin, Chairman; G. A. Moses, Missouri, Secretary.

Medical Jurisprudence and State Medicine—Dr. F. Pratt, Michigan, Chairman; Dr. T. L. Neal, Ohio, Secretary.

Ophthalmology, Otology and Laryngology—Dr. A. W. Calhoun, Georgia, Chairman; Dr. C. Seiler, Pennsylvania, Secretary.

Diseases of Children—Dr. R. Blount, Indiana, Chairman; Dr. J. H. Sears, Texas, Secretary.

Dentistry—Dr. D. H. Goodwillie, New York, Chairman; Dr. T. W. Brophy, Illinois, Secretary.

Publication—Drs. W. B. Atkinson, A. Frincks, J. S. Cohen, F. Woodbury, J. H. Packard, I. R. Duglison and J. V. Shoemaker.

The report was unanimously adopted.

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### **Periscope.**

#### **The Physician of the Novelist.**

The following extract from "Hot Plowshares," a novel by A. W. Tourgee, now printing in *Our Continent*, illustrates the tact oftentimes necessary in the physician in cases of emergencies.

A man and his son have been badly injured by a runaway team; the family doctor and neighbors are in attendance, assisting the wife and mother. \* \* \* \* The physician felt his pulse for the hundredth time, passed his hand over his face, pulled down the lids of one of his eyes and then of the other, peered into the unseeing orbs, and then drew a long breath of relief.

"I guess it's over," he said.

"You don't mean!" Mrs. Kortright exclaimed, in frenzied tones.

"I guess he will pull through," replied the physician, glancing keenly at her as he spoke, "but we mustn't spare any exertions till the circulation is better established. He's better, but he needs care. Everything depends on that now. Keep on rubbing him awhile longer, gentlemen. Are those flat-irons at his feet warm, Mrs. Kortright? Couldn't you get some more bottles of hot water to put about his limbs?"

Mrs. Kortright became at once the obedient and careful nurse again. She left the room to obtain what was desired. When she had closed the door the physician's countenance relaxed.

"He's doing all right, gentlemen, but it won't do to let her know it just now. I've known her all her life. She's a mighty capable woman, no mistake about that; but this thing's been a little too much, and if she ain't let down easy there'll be another faint here. Just keep on till I tell you to stop. 'T won't do any harm, and will help her to pull up easy." \* \* \* \* The doctor had been washing blood-stains from his hands, wiping his lancet, and turning down his sleeves as he spoke. Mrs. Kortright entered the room as he concluded with a bottle in each hand wrapped in a towel. There was an anxious look in her face, but the strained, apprehensive expression had disappeared.

"Can't you go and see Martin now?" she asked, glancing up at the doctor's face.

"Certainly, Martha," he answered, with the familiarity of an old friend; "but don't you have any trouble about him. If a boy ain't killed off-hand, you needn't be afraid but that he'll come out all right. Young bones are tough," he added, in a jovial way. "Here, by the way," he continued, pouring something into a glass and adding a little water, "you just take this." The woman obeyed. "Now," said he, taking her by the arm and leading her to a large, old-fashioned rocking-chair, "just you sit down there and cry. You'll feel better then. These gentlemen will take care of the 'Squire and I'll look after Martin."

Mrs. Kortright sat down with a look of remonstrance in her eyes from which the tears were already flowing. Ashamed to display her weakness, she threw her apron over her head and only her convulsive sobbing attested the relief which the tears brought. The physician nodded approval and left the room. \* \* \* \*

#### Surgery of the Arteries.

In concluding an excellent paper on the above named subject, Dr. R. A. Vance of Cleveland (*Columbus Medical Journal*), summarizes his matter as follows :

1. Bleeding from an accessible artery should be checked by twisting or tying both ends of the vessel.

2. Moderate hemorrhage from one not readily reached, should be controlled by rest, position, local pressure, compression, etc.

3. Severe hemorrhage from an artery not controllable by pressure, etc., requires that the vessel be sought in the wound and both ends tied or twisted.

(a). An important exception is to be noted in some cases of wounds of the hands or feet : the danger of damaging important structures may lead the surgeon to tie or twist the brachial or femoral rather than seek the wounded branches of the palmar or plantar arches.

4. In fractures, complicated by wound or rupture of a large artery, the surgeon should at once cut into the swelling, turn out the clots, twist or ligate the central and peripheral ends of the arterial trunk.

5. In pulsating tumors, following wounds or injuries of arteries, should rest, position, local pressure or general compression fail to check their growth or diminish their size, an operation should be performed, the tumor opened, clots removed and the vessel tied or twisted above and below the lesion.

6. When a wound or injury of an artery has led to extravasation, no operation should be performed, so long as rest, position, pressure or compression can restrain further hemorrhage. (a). An exception to this rule is to be noted in cases where the amount of blood in the tissues is so great as to threaten their integrity by gangrene, or where, after checking further increase, the above measures fail to cause a diminution in the size of the tumor, despite the length of time they have been employed.

7. If the extravasation caused by arterial wound or injury cannot be held in check and further hemorrhage prevented by position, rest, local pressure or general compression, the tumor should at once be cut open, the clots removed, and the vessel tied or twisted above and below the point of injury.

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#### Dialysed Iron in the Treatment of Arsenical Poisoning.

It is not my intention to enter into an exhaustive paper on the subject of Arsenical Poisoning, but simply, as a duty, to lay before the profession what I consider a most valuable aid, the administration of dialysed iron. In the smelting of lead and silver ores, one of the worst features is the constant inhalation of arsenical fumes. When first

employed by the Alta Montana Company, to take charge of their hospital, a number of cases of arsenical poisoning came under my observation, and they were the more difficult to treat on account of their complication with "leading." I tried the various remedies recommended for such cases, with but poor results. At times I felt that old saying, "Throw physic to the dogs," was but too true and applicable. At last I was led to try dialysed iron, and was met in all cases with most gratifying success, as is evidenced by the following cases:

Two carpenters were engaged in roofing a portion of the smelting building, and were in such a position that the wind carried the fumes into their faces. Some workmen below noticed one of the men swaying to and fro, and about ready to fall, while the other was laboring hard to reach the ground. They were helped to the hospital, and were suffering with severe pain in stomach and bowels, nausea, vomiting, vertigo, and with a profuse "nose bleed," tremor in lower limbs, and almost prostration. A wineglassful of dialysed iron was given immediately. The nausea ceased, and at the end of one hour the men were able to walk to their cabins, carrying with them a bottle of the iron, to be taken in drachm doses every half hour. At the end of twenty-four hours they complained only of weakness, such as would result from a severe diarrhoea. The second day they resumed work, entirely free from all pain and effects of the arsenic. A number of men employed about the smelting furnace, and especially in dipping the molten lead, have been apparently prostrated from the effects of the fumes, and were in every case relieved by dialysed iron. A mild purgative was given within twelve hours. I have recommended, and, indeed, insisted on every man who is exposed to the arsenical fumes taking a dose of the iron daily. The consequence has been that we have had but one case of poisoning needing hospital treatment, and this one insisted that his case was one of "indigestion and dyspepsia," and would take nothing till compelled to enter the hospital, where, under the administration of dialysed iron, he speedily recovered.

In the past two years I think I am safe in saying that fully two hundred cases of arsenical poisoning have been cured in this camp by dialysed iron. I could cite any or all of them, with symptoms, treatment, etc., but I think it unnecessary as they so nearly resemble those already mentioned; suffice it to say, that all experienced the nausea, griping, vomiting, muscular tremor, etc. I have given the iron in half-ounce doses three times daily, with no consti-

tutional disturbances whatever, even after ten and often twenty days administration. The teeth are not discolored, bowels not constipated and digestion not deranged.

The men have learned its virtues and come regularly with "please fill my iron bottle again." They will not do without it any more than an Irishman will do without his "salts and senna." It has saved many a man his wages and many a day of sickness. In fact I feel convinced that this preparation is indispensable where men are liable to inhale the fumes of arsenic.

Without a remedy of this kind I am satisfied no man, however strong, could inhale the fumes incident to smelting, where the ores contain arsenic, and stand it more than three or four days. I can fully and confidently recommend this preparation of iron to the profession, and even to foremen of smelting works where there is no physician, for it is harmless and invaluable. "An ounce of prevention is worth a pound of cure;" or a "pound of cure" is worth infinitely more to a company than are hospitals full of men poisoned with arsenic. Our hospital has been built, medicines bought, physicians and nurses paid, and accommodations for thirty beds provided, inside of two years, by a small monthly assessment on each miner and laborer employed by the company, and all are satisfied; none more so than the smelter hands, who can and do get "a bottle of that iron" and keep at work.

The preparation which I have used, and to the good effects of which I can testify, is Wyeth's, of Philadelphia. —*A. M. Bullard, M. D., in Medical and Surgical Reporter.*

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#### Some Peculiar Effects of Cinchonia.

Without special ambition to claim originality, I wish to call the attention of the association to certain important, but hitherto unnoted, effects of the alkaloid cinchonia, which I deem valuable to the specialty.

This agent has always occupied a modest place in the array of cinchona products, on account, especially, of its assumed inferiority as a febrifuge to quinia, but it has certain remarkable qualities not possessed by those alkaloids to any noticeable extent, which seemed to have escaped general observation completely. Its tasteless quality, where unsalified, led me some years since to use it as an antiperiodic among children. Noticing certain peculiar effects, I made a study of its action on my own person. The observations then made I have since repeated many hundred times during a period of two years, and the effect

referred to I have found to be constant. They may be detailed in a few words: An hour after the ingestion of twenty grains, more or less, is made manifest a decided disturbance of the sympathetic system, as shown by cardiac weakness and irregularity, and a general sense of muscular debility with tremor, because quite marked; nausea is not infrequent. These effects may arise from any of the bark alkaloids and are not peculiar. At the same time paresis of visual accommodation appears and progresses to such an extent as to be almost complete in many instances at the end of the second hour; at this stage even the emmetropic eye will require the aid of a number ten convex glass to properly distinguish objects at the normal near point. The paresis lasts eight or ten hours. It is not associated with any mydriatic effect in adults, but sometimes this condition is noticeable in children of delicate nervous organization.

With these phenomena are associated primarily slight mental excitation, a sense of heat and blood-fulness in the head and upper parts of the body and some flushing of the skin. Later a relative pallor involves the entire surface; the mucous membrane of the eyes, nose, mouth and throat becomes very dry and so continues for several hours. At the same time there is very decided obtusion of tactile sensibility. Stimulants, food and rest readily overcome the cardiac and muscular disturbance, but have no influence on the other named conditions. The foregoing observations refer to effects upon adults. In young children within an hour after administration, a most decided erythema suddenly appears, notably about the head, but involving the entire surface. This appearance is exactly as in the third day of scarlet fever and just as then, the skin can be legibly written upon with a blunt point. This state of cutaneous vaso-motor paresis is temporary and usually disappears within two hours, and is followed by a paleness more noticeable than in the adult, which is prolonged for several hours.

The deduction from these observations is that cinchonia, in addition to its tonic and antiperiodic effects, exerts special influences on the nervous apparatus cognate to those belonging to the alkaloid of belladonna, hyoscinus and stramonium, and should be correspondingly useful in those conditions in which this class of agents is indicated.

Practically, I have found it eminently serviceable in febrile conditions associated with cerebro-spinal congestion and in the more sthenic types of acute mania. The ordi-

nary sedative effects of the bark alkaloids have superadded to them most marked vaso-motor influences, which result secondarily and permanently in an increase of tension and consecutive reduction of congestion.

With these suggestions, I delegate to the physiologists further study of the *modus operandi* of this neglected but important agent.—*Alienist and Neurologist*.

#### The Differential Staining of Nucleated Blood Corpuscles.

It has been urged against the differential staining of histological structures that the process may induce an alteration which may be mistaken for the normal condition. That this is in many cases true, is beyond question, but the exceptions are far too numerous to justify it as a rule.

For some years past I have used a process for the double staining of nucleated blood corpuscles, which causes no alteration, except of course in color, and as the structure can be seen much better in a semi-transparent than in a more perfectly transparent body, the corpuscles thus stained offer advantages for study which are not found in those left unstained.

The fluids used for this purpose are two, which I shall designate as A. and B. Their formulas are as follows:

##### A.

Eosin, 5 grains.  
Distilled water, 4 drachms.  
Alcohol, 4 drachms.

Dissolve the eosin in the water and add the alcohol.

##### B.

Methyl analin green, 5 grains.  
Distilled water, 1 ounce.

The blood should be spread upon the slide, by placing a drop upon one end and quickly drawing the smooth edge of another slide over it. This, if well done, will leave a single layer of corpuscles evenly spread over the central part of the slide.

When the corpuscles on the slide are thoroughly dry, which will only require a few minutes, the slide should be 'flooded' with stain A.

This should be allowed to remain on for about three minutes, at the end of which time, it may be washed by gently waving back and forth in a glass of clean water. Before it is allowed to dry, the corpuscles should again be flooded, this time with stain B. After two minutes exposure to this fluid, the slide should be washed, as before and set.

away to dry. When dry, a drop of Canada balsam may be put upon the blood, a cover-glass applied and the whole gently warmed until the balsam spreads out properly. When hard it may be finished the same as is usual with balsam mounts.

If now examined with the microscope, the corpuscles will be found to be well stained with red, while the nuclei and "leucocytes" will be a bluish-green.

The granular appearance which is ordinarily seen in the nuclei, now shows with a vigor and sharpness which is difficult of description, while the whole corpuscle is as brilliant as a newly cut ruby.

In regard to the structure of the corpuscles, I can say but little. I have never had any difficulty whatever in seeing a distinct granular appearance in the nucleus, provided a first-class objective was used. But so far as a network is concerned, I have completely failed to see anything that could be called such, except when the objective used was improperly adjusted for thickness of cover or immersion fluid. In such cases the dots or granules "appear to run into lines," and a reticular structure may be interpreted. Even by the use of boracic acid I have completely failed to "bring out" the network.

It has been held by some that the corpuscles are covered by, or enclosed within, a "limiting membrane," but those who have endeavored to substantiate their claims—upon either side of the question—have failed as yet.—*The Microscope*.

#### **Surgical Expedients in Emergencies.**

In a paper read before the last meeting of the Pennsylvania State Medical Society, Dr. R. J. Levis presented some original resources in the absence of ordinary means and appliances.

The relief of an over-distended bladder he had effected by doubling a piece of common iron bell wire, and the blunt doubled end passed through the urethral tract, distending it and allowing the urine to pass between the wires.

A common rye-straw, with its end wrapped with either thread or yarn, or tipped with sealing wax, or the stem of a common clay tobacco pipe, are efficient substitutes for the female catheter.

Venesection can be made easy and certain, with even a dull and blunt pocket knife, by first transfixing the vein with a fine sewing needle.

A number of ready and ingenious resources are given for the arrest of epistaxis and hemorrhage in general. A

good tenaculum is extemporized from a fish-hook tied to a pen-holder. A flannel bandage, cut bias, is sufficiently elastic to substitute the Esmarch bandage.

Expedients for ready fracture dressings are given, one of the best of which is the material of common palm leaf fans, split into fragments and bandaged around the limb. For a ready fixed dressing the ordinary sand-paper, softened in warm water, is recommended, the paper, sand and glue giving, when dry, the requisite stiffness and body to the splint.

Postural methods of treating fractures, as those in the vicinity of the joints, are referred to, and that of the clavicle by a brief recumbent position.

To open the mastoid cells in cases of abscess urgently threatening cerebral complication, he has effectually used a carpenter's gimlet.

Rectal injection by a hydrostatic column, with a long tube, is referred to; and also the distension of the lower bowels, in cases of invagination and impaction, by carbonic acid gas and water from the ordinary mineral water bottle, or the syphon attached to a rectal tube.—*Med. Summary.*

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#### Summer Complaint of Infants.

Cholera infantum is often used as a synonym for summer complaint, but the two terms are not interchangeable; the former is the name of a distinct and well characterized disease, the latter is a popular title for a group of diseases. Not one case in ten of summer complaint is truly an instance of cholera infantum, although summer complaint is commonly made to include all cases of bowel disorder occurring in children at this season of the year. Most cases, however, of so-called summer complaint are serous diarrhœa, or gastro-enteritis, and entero-colitis, in which many causes are concerned. Especially do we find bad hygiene, poor ventilation, unhealthy surroundings, and errors in diet, such as eating unwholesome food, spoiled or green fruit; or, in infants, the dirty feeding bottle and bad milk are fruitful factors of this form of disease. A child that has just managed to get along for many weeks under an improper diet and the consequent chronic gastric disorder, finds itself unable to continue the struggle for existence, when to the burdens it already has borne is added the debilitating influence of hot weather. Sometimes it is the nursing mother that is at fault, because, fatigued and over-heated, she gives her child the breast to keep it from fretting, without reflecting that her feverish milk is unwholesome; and then expresses surprise that her milk disagrees with the child.

As a rule, however, it is the bottle-fed child that furnishes the victim to summer complaint, because its milk is sometimes hot and sometimes cold, occasionally too sweet, frequently nearly sour, rarely fresh, and never uniform, nor scarcely ever prepared twice exactly alike.

Cholera infantum, on the other hand, is analogous to, if not identical with, sporadic or British cholera in adults. It is due to a specific cause, is decidedly epidemic, is not limited to hot weather, nor caused by it, nor are the symptoms those of insolation or thermic fever. It may come on suddenly in an apparently healthy child, producing violent symptoms without prodromata; the child may go to bed well and have an attack during the night, quite independently of any indiscretion of eating, or other known cause. It is believed, however, that children suffering with chronic gastro-intestinal disorder are more subject to its attack and have less powers of resistance.

As regards treatment, cases of cholera infantum require prompt and vigorous therapeutic measures. The hot bath may be needed to avert the imminent collapse; brandy and ice to check the vomiting, and the use of opium, by the mouth or rectum, to relieve the tenesmus and profuse purging, which is of a watery character, and without the fecal odor or color.

Summer complaint, whether in the form of gastro-intestinal catarrh or colitis, presents a different clinical picture and affords more time and scope for therapeutics. The child has had a diarrhœa for some time, perhaps irregularly, is getting worse, and its food does not agree with its stomach and is often vomited. The discharges are frequent, clay-colored or yellow, according to the amount of bile contained, and if the large bowel is inflamed there is more or less blood and mucus, or the discharge may contain some hæmatin, and assume a bright green color on exposure to the air. There is more tenesmus than in cholera infantum, and the child is less prostrated by the disease, which may last for weeks, getting better or worse, according to the fact whether vigilance is exercised in regard to the diet or some new indiscretion is committed. The child's skin is more or less feverish, while in cholera the surface is cold.

From the fact that both classes of cases occur during the hot weather, it has been inferred that summer complaint is a form of insolation or thermic fever, and to be treated by ice. This is unphilosophical in theory and fatal in practice. Dr. N. S. Davis, in his communication to the Children's Section of the American Medical Association, at

its last meeting, on "Serous Diarrhoea and Cholera Morbus in Infancy and Childhood, and the Best Means of Lessening the Mortality from these Affections," presented a judicious and timely contribution to the subject, and pointed out the proper use of water by the sponge bath, night and morning, as an invigorator of the nervous system—not as a means of extracting heat, but to excite reaction and improve the physical condition, so as to enable the child the better to resist heat. He states that an examination of the statistics of several large cities shows a ratio of only about five deaths from cholera infantum annually for every 10,000 inhabitants in San Francisco, seven in New Orleans, twenty-five in Boston, and thirty in Chicago, and observes that "There must therefore be some efficient cause not common in all large cities," and proceeds to explain on meteorological and physical grounds. We think an explanation nearer at hand is to be found in the fact that in southern cities the houses are built for hot weather, and are therefore better ventilated, that the children are clad in lighter clothing, that there is a good supply of healthy milk for babes from negress wet nurses, and finally, that there is a much smaller proportion of the population living in squalor and filth in New Orleans than in Boston or Chicago.

To the usual recommendations for hygienic treatment, change of air, proper clothing, carefully regulated diet, and the tonic effects of the daily sponge bath, we would add that in the medical management of the case astringents and opiates should be sparingly used, and only after clearing out of the intestinal tract any irritating material by small doses of calomel or gray powder followed by castor oil (or salad oil in infants), and the use of starch enemata, medicated with chloral and morphia. The patient may drink cold water in small quantities as often as desired; it is better to use a weak solution of arrowroot, or the white of an egg diffused in water, than ice water, and the diet restricted to boiled milk, and only a limited amount of this. Powders of pepsin and bismuth are often highly serviceable, but in many cases brandy given in liberal doses will prove the best means of averting the tendency to fatal exhaustion.—*Editorial in College and Clinical Record.*

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#### Fractured Patella.

In a note to the *British Medical Journal*, Mr. Christopher Heath agrees with Hutchinson that in fracture of the patella separation of the fragments depends on effusion, either of blood or synovia, or a mixture of both. He does

not hesitate to aspirate the knee-joint in cases both of fractured patella and injury to the joint without fracture. Having emptied the joint, or if the patient is seen before effusion takes place, a plaster of paris bandage over an envelope of cotton wadding is applied and the patient made to get about as soon as the plaster is dry. Mr. Heath claims better results by this method than follows the old practice of keeping the patient in bed and not touching the bone for six weeks. A distinctly ligamentous union is more satisfactory than close or so-called bony union.—*Low. Med. News.*

#### Blood-Letting in Metritis.

Dr. J. Direra (*Gaceta Medica Catalana*, May, 1882) claims that scarification is a valuable method of treatment in metritis and areolar hyperplasia. The time to begin the treatment is just after the menstrual epoch. Scarification should be performed on alternate days. The object is not so much to let out blood as to prick the gorged capillaries causing their contraction followed by uterine contraction. He concludes first, that scarification is a potent measure in the treatment of chronic metritis; in acute metritis it is also of value. Second: Local blood-letting is always indicated, general rarely. Third: Direct blood-letting from the uterine cervix, is a most valuable local means. Fourth: Scarification is best adapted to meet this indication. Fifth: In the second period of chronic metritis, it is, at best, useless. Sixth: Intra-uterine medication is a good adjuvant. Seventh: A pointed instrument is preferable to any other means. Eighth: Loss of blood is the chief agent in producing the beneficial results. Ninth: The scarification should be frequently repeated.—*Chicago Medical Review.*

#### Epithelioma—Chlor. Potassium.

It does not seem to be generally known that excellent results have been obtained recently from the application of powdered chlorate of potassium to epithelioma. The surface of the ulcer should be well cleansed and finely powdered chlorate thickly dusted on it, and be allowed to remain till the next dressing. The application may be made twice a day, the surface being cleaned before re-applying the powder. This treatment is said to relieve the pain, to change the character of the morbid process and promote healing. The same application may be used in chancre, chancroid, and in unhealthy ulcerations generally, and it has the merit of safety.—*Med. News.*

**Foreign Bodies in the Air Passages.**

Dr. Weist (*Medical Record*, July 12, 1882), at a meeting of the American Surgical Association, read a paper on the above subject. The following conclusions were submitted by him :

First—When a foreign body is lodged either in the larynx, trachea, or bronchia, the use of emetics, errhines, or similar means, should not be employed, as they increase the sufferings of the patient, and do not improve his chances of recovery.

Second—Inversions of the body and succussion are dangerous, and should not be practiced unless the windpipe has been previously opened.

Third—The presence simply of a foreign body in the larynx, trachea, or bronchia, does not make bronchotomy necessary.

Fourth—While a foreign body causes no dangerous symptoms, bronchotomy should not be performed.

Fifth—While a foreign body remains fixed in the trachea or bronchia, as a general rule bronchotomy should not be practised.

Sixth—When symptoms of suffocation are present, or occur at frequent intervals, bronchotomy should be resorted to without delay.

Seventh—When the foreign body is lodged in the larynx, there being no paroxysms or strangulation, but an increasing difficulty in respiration, from œdema, inflammation or bronchotomy is demanded.

Eighth—When the body is movable in the trachea, and excites frequent attacks of strangulation, bronchotomy should be performed.

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**The Social Position of the Doctor.**

Lay testimony concerning the social position of the doctor in England confirms the statement of Dr. Fothergill, that it is a very poor one. The London correspondent of *Tribune* (quoted in the *Medical Record* July 29, 1882.) commenting upon the matter, tells the following anecdote : "The wife of a fashionable physician living in Mayfair is responsible for this story. She was in want of a cook and resorted to the advertising columns of the *Times*. One of the advertisers to whom she wrote entered the house, it would appear, without noticing the brass plate on the door, which here announces the doctor's residence, but heard on her way up stairs into what manner of dwelling she had been beguiled. She sailed into the drawing-room, and, without preface of any sort, delivered her soul thus : 'If you please,

mum, I said partickler in my advertisement that I want a situation in a gentleman's family, and I won't trouble you no further.' And sailed out again." The worst of it is that, according to New York physicians who have often visited London, the social position of the English doctor is low because it deserves to be. He is in most cases the worst kind of a middle-class Philistine.—*Chicago Medical Review*.

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#### Infantile Convulsions.

The adopted and regular treatment of M. Jules Simon, of the Hospital des Enfants Malades for infantile convulsions is as follows: On arrival the first thing he orders is an injection of salt and water, salad oil, or glycerine, or honey, which he administers himself, as he has too often observed that the parents or the nurse have already lost their wits. If the teeth can be opened sufficiently a vomitive is given which clears the stomach of any food that could not be digested—the most frequent causes of convulsions. However, the attack continues but soon ceases on applying a handkerchief, on which a few drops of chloroform are poured, to the mouth, which the child inhales largely. If convulsions reappear the anæsthetic is renewed, and the child is placed in a mustard bath for a few minutes, and then wiped dry and placed on his bed properly wrapped. Chloroform might be again administered if, after an interval, the child was seized again, and before leaving M. Simon prescribes a four ounce potion containing sixteen grains of bromide potassium, one grain of musk, and a proportional preparation of opium, for he does not believe that the brain is congested in these attacks, it is rather excited, and the opium acts as a sedative. A teaspoonful of the mixture is given several times a day. On the following days the child is generally restless and irritable and ready to be attacked again, but a small blister about an inch square is applied to the back of the neck and left on about three hours, when it is replaced by a poultice of linseed meal and gives most satisfactory results. M. Simon, in terminating, says "such is the treatment that I have instituted in my practice of every day."—*Medical Press and Circular*.

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#### Mercury Used in Dentistry.

Dr. Eugene S. Talbot, of Chicago, in American Medical Association, read a paper on "The Injurious Effects of Mercury used as in Dentistry." The paper was confined to the use of amalgam fillings in natural teeth.

There can no longer be doubt that amalgam fillings in

teeth will sooner or later produce mercurial poisoning. dire effects of this metal are not always seen immediately after the fillings are inserted, years sometimes elapsing before the injurious effects were felt and noticed.

The history of two well-marked cases were here given by Dr. Talbot, the persons having called upon him for treatment. The amalgam fillings were removed, and gutta percha temporarily substituted, these in turn being replaced with gold, after which all symptoms of mercurial poisoning disappeared. A detailed account of a series of experiments made by him were then presented, the conclusions and results being as follows:

1st. Mercurial vapor is given off from amalgam fillings at all ages and from all varieties, even from fillings sixteen years old, the vaporization being sufficient to respond to chemical tests.

2d. Minute doses of mercury, if taken internally three times a day, are capable of producing decided effects.

3d. Mercury when inhaled into the lungs is far more active than when taken into the stomach.

4th. If small doses taken into the stomach occasionally are capable of producing marked effects, and the vapor is much more active than the solid preparations of the metal, is it not a necessary consequence that amalgam fillings which are constantly giving off mercurial fumes to be inhaled into the lungs, not a few times daily, but always, without cessation, day or night, is it not a necessary consequence that in many sensitive persons such fillings must produce deleterious effects?

5th. When tons of this material are consumed annually, is it not credible that many constitutions are affected?

6th. Physicians in treating dyspeptics, anemics and persons suffering from nervous debility, would do well to examine the mouths of patients and know if artificial teeth on red rubber or fillings of natural teeth have in their composition mercury or any of its compounds.—*Detroit Clinic.*

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#### Diphtheritic Conjunctivitis—Sulphate of Quinine.

Dr. John Tweedy (*Lancet*) has had very good results from the local application of quinine sulphate to the conjunctiva in diphtheritic conjunctivitis. He uses a solution of four grains of sulphate of quinine to an ounce of water. The conjunctivæ are washed three times a day with this solution after cooling it with ice. He is inclined to believe that the quinine exerts not only a local but a constitutional effect.—*Chicago Med. Rev.*

### Treatment of Cicatrices.

Una has found (abstract in *Viertelj. fur Derm. und Syph.*, Heft 2 and 3, 1881, p. 499), the cicatrices of small-pox, and after ulceration, much improved in appearance by daily rubbing with fine sand. A small sponge, soaked with soap lather, is dipped in the powder collected from the debris of marble, and is then steadily rubbed over the cicatrix. The resulting improvement is attributed to the stimulating effect of the mechanical irritation.—*London Med. Record.*

### Glonoine in Cardiac Disease.

Dr. W. E. Green (*Practitioner*), claims that glonoine ranks second only to digitalis in the treatment of cardiac disease. He generally gives it in minim doses of a one per cent. alcoholic solution. It is especially indicated in angina pectoris and weak dilated and fatty heart. In the latter it gives relief by reducing arterial tension and thus lessening the amount of work the heart has to do. The drug may at times be advantageously combined with digitalis. It produces a sense of fullness in the head and a general feeling of warmth.—*Chicago Med. Rev.*

### Cholera Pills.

The following prescription was recommended highly by the late Dr. Chas. Meigs as an anæsthetic or cholera pill :

R Morph. sulph.,	13 grains.
Camphoræ,	20 grains.
Ol. cajeputi,	10 drops.
Tragacanth,	5 grains.
Ext. gent.,	15 grains.
Syrp. acaciæ, q. s.	

M. Ft. Mass. et div. pil. No. 100.—*Med. Bulletin.*

### Neuralgia.

Dr. David L. Wallace, of Newark, N. J., recommends the following ointment for neuralgia through the columns of the *Medical Record*.

R Veratriæ,	4 grains.
Morphiæ,	6 grains.
Tr. Aconit. rad.,	1½ drachms.
Vaselinæ,	1 ounce.

M. Sig. To be applied to painful part every fifteen minutes.

# THE PEORIA MEDICAL MONTHLY.

THOS. M. McILVAINE, A. M., M. D.,

*Editor and Publisher,*

204 South-Jefferson Street, - - - - - PEORIA, ILL.

••. All exchanges, books for review, and communications must be addressed to the Editor and Publisher.

••. The publication day of this journal is on or about the 10th of each month

••. To subscribers! A pencil mark at this place indicates that the time of your subscription has expired, and that a prompt renewal is urgently requested.

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## Editorial Department.

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### A Deadly Toy.

A reference to the files of any large daily paper for July, 1880, will reveal the fact that deaths from tetanus were comparatively frequent at that time. The subject created some slight comment, but was soon forgotten.

The month of July, 1881, furnished a very much larger number of fatal cases, estimated roughly at upwards of 150. The cause of the unexampled prevalence of this horrible disease was then for the first time generally discussed, and it was found that almost every case followed a wound (from the most trivial to those of considerable magnitude) produced by a toy pistol introduced to the trade a year before. Still, with rare exceptions, to be hereafter mentioned, no further attention was paid either by the profession or authorities to stopping the work of this murderous toy.

Some thirty-seven deaths were reported from this cause in the city of Baltimore in 1881, on account of which the City Council immediately enacted an ordinance strictly forbidding the manufacture, sale or use of these toys.

We have been informed that the Minnesota Legislature also passed similar laws.

During the month of July just closed, almost every paper has contained reports of fatal cases occurring in every part of the country. Basing our calculations upon

these newspaper reports, the number of fatal cases since July 1, 1882, has considerably exceeded 250, and the cause given in every instance has been the toy pistol.

Baltimore, however, thanks to the wise precautions of her council, has reported but a single case, instead of the thirty-seven of a year ago; and but two, so far as known to us, have been reported in Minnesota.

It is singular that so large a number of cases of tetanus occurring within so short a period of time, and proceeding from so certain a cause, should not have received more attention from the medical profession; but we have looked in vain among our exchanges to see the subject mentioned.

There are two forms of this deadly toy, both of which seem from the press reports to be equally dangerous—those exploding a paper wafer and those exploding a blank cartridge. The paper wafers contain fulminate of mercury and chlorate of potassium, while the blank cartridges also contain a very small amount of fulminating compound. This being the case, it is nearly safe to suppose that it is the mercurial salt which does the mischief, especially since it is stated that such compounds introduced directly into the circulation are active poisons.

But it was not our intention to discuss the causes of the tetanus, our idea being to arouse the profession, and through them the people, to the necessity of prevention—which in this case is easy of accomplishment.

The subject should be so forcibly brought before every City Council and legislative body in the country that united action, prohibitory of the sale or use of these toys, would be secured, and the country spared the lives of several hundred each year.

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#### **Burial Permits.**

We are in receipt of a letter from the Secretary of the State Board of Health, in which he requests us to bring this matter before our readers.

At a late meeting of the Board a resolution was adopted which recommends that all cities and towns in this State having a population of 1,000 or over, enact an ordinance

requiring a burial permit as a condition precedent to interment or removal of a body from the city or town.

Similar laws have been in force in several cities in this State for some time, and their workings have been very satisfactory wherever they have been enforced.

The Secretary summarizes the benefits to be derived from such laws as follows:

*First.*—It will be of value in securing fuller, more accurate, and more readily available knowledge of the causes of death—a knowledge which is absolutely necessary to the profitable application of efforts for the preservation of health, the limitation of disease and the prolongation of human life.

*Second.*—It will be of value in the protection of life against criminal violence, by facilitating the detection of such violence through preventing the burial of victims of homicide, abortion, poisoning, etc., without proper investigation.

*Third.*—It will be of value in the protection of property interests, by making the facts pertaining to a death and burial matters of record which may be useful in probating wills, settling estates, determining heirships, perfecting letters, adjusting life insurance and kindred matters.

The form of such an ordinance has been prepared under the direction of the Board, and a copy may be had by applying to the Secretary, Dr. Ranch, at Springfield, Ill.

The only addition to this form which we would propose, is that the physician be paid the sum of ten or fifteen cents for every report so handed in to the health officer. It is unjust that physicians be required to fill up statistical papers without remuneration. We would like to see the State Board of Health agitate this matter; or, at least, put themselves on record concerning it.

We are of the opinion that the proposed ordinance cannot be enforced unless a certain sum be specified as payment for the time required in making out the certificates upon which the burial permits may be based.

#### **Notes and Comments.**

*National Board of Health Bulletin* suspended from lack of funds.

Dr. W. H. Mussey, of Cincinnati, died of apoplexy August 1st.

Cholera in Japan, parts of India and Western Asia, and is gradually working westward.

Dr. D. W. Cheever succeeds Dr. Bigelow as Professor of Surgery in Harvard University.

Small-pox about extinct in Chicago, but spreading in Baltimore and still to be found in Cincinnati.

Four hundred cases of yellow fever at Metamoras, Mexico, 100 at Laredo, Texas, and some in Brownsville.

Dr. Moses Gunn has been elected one of the Vice-Presidents of the American Surgical Association for the coming year.

Frightful mortality among children in New York and Chicago, due to extreme heat and poor sanitary arrangements.

The *Northwestern Lancet* has been enlarged to twelve pages, semi-monthly, and the editorial corps increased to something near a dozen.

Billroth having declined to leave Vienna, Prof. Volkmann, of Halle, has been chosen as Langenbeck's successor at the University of Berlin.

"There are people cynical enough to believe the world is wanting in gratitude. They never saw an undertaker hover around a doctor."—*Harper*.

Dr. John L. Atlee, the new President of the American Medical Association, is eighty-three years of age, but is as sprightly and active as most men at sixty.

Dr. John B. Hamilton, Surgeon-General of the Marine Hospital Service, has been appointed one of the faculty of the Columbia National College, Washington, D. C.

Dr. O. B. Will has returned from a ten days' sojourn in Kansas, whither he was called to operate for lacerated cervix. The results were highly satisfactory to both operator and patient.

The *Michigan Med. News* does us the honor to print entire the page of "Therapeutic Notes" from our July number. Unlike some of our copyists, the *News* is always careful to give full credit for its clippings.

"Der Lord sees all tings, und it vas a consoling thought to some of der dochters dot der Lord don'd vill tell."—*Carl Pretzel*. The *Lancet and Clinic* in a moment of remorse and possible consciousness of its truth exclaims, "dot's shust so."

A French newspaper advertisement reads: "Wanted! a distinguished healthy-looking man to be 'cured patient' in a doctor's office." Some Yankee must be teaching the French doctors how to succeed in business.

We have received a copy of the *Sanitary News*, edited and published by Drs. R. C. S. and C. A. L. Reed, at Cincinnati. Its contents are unusually interesting and instructive both to the practitioner and the lay reader. The country needs more journals of this kind. We will be pleased to exchange.

We notice that a paper on "Laceration of the Female Perineum," has appeared among the original articles in at least three of our exchanges. The habit some writers have of sending manuscript copy of the same article to several journals at the same time is a fraud upon the journals, and should be severely put down.

Just because, in a mood of admiration for "the pig city of our State," we exclaimed, "Great is Chicago," the *Lancet and Clinic* accuses us of being the prophet of Chicago. Too much honor, we assure you, and a position to which we do not aspire. Besides, we don't know what you mean, Bro. L. and C. Please explain.

The first instance where physicians are mentioned in the Bible is II Chronicles xvi: 12, "And Asa, in the thirtieth year of his reign, was diseased in his feet until the disease was exceedingly great; yet in his disease he sought not the Lord but the physicians." The compiler coolly adds, as though a natural consequence: "And Asa slept with his fathers."

The *Chicago Medical Review* is authority for the statement that Dr. S. V. Clevenger has been elected Professor of Artistic Anatomy in the Chicago Academy of Fine Arts. Well, well! What next? The time seems to be rapidly

approaching when the simple title of 'doctor' will be as rare as was in olden times the much-coveted one of Professor. What is "Artistic Anatomy," anyway?

Georgie M., aged four, asked why his little cousin, Sarah, was being taken to church, and on being answered that she was to be baptized, said: "I want to be baptized too." His mother replied that he had been baptized already. "Yes, I know," said he, "*but it didn't take.*" Georgie had been vaccinated unsuccessfully a while before, and got baptism and vaccination mixed. *Fact.*

The Kansas City *Review of Science and Industry* for July contains a very able and exhaustive paper on "Tornadoes; Their Special Characteristics and Dangers," by Sergeant John P. Finley, of the Signal Service. The *Review* is one of the best scientific journals published in this country, and is a credit to this flourishing western city.

The two medical colleges of St. Joseph, Mo., viz: The St. Joseph Hospital Medical College, and the College of Physicians and Surgeons, have united under the name of the St. Joseph Medical College. This is a step that deserves great praise and one that could be followed in other cities with benefit to the colleges and no harm to the medical profession. Let us have more unions.

A writer in the Ft. Wayne *Journal of Medical Sciences* gives a prescription for gonorrhœa, containing: Copaibæ, ol. santali flavi, ol. cubebæ, spts. etheris nitrosi, spts. juniperi rect, tr. belladonnæ, tr. digitalis, liquor ammoniacetatis, liquor potassæ, sach. albæ, pulv. acaciæ, aq. distil. The only wonder is, of what use he would find the rest of the contents of an ordinary drug store, and why he should confine this prescription to gonorrhœa.

Dr. Charles H. Crane has been appointed Surgeon-General, U. S. A., in place of Dr. Barnes, who has been placed on the retired list. A large number of physicians would have been pleased to have seen Dr. J. H. Baxter appointed to this position, but as it is stated that Dr. Crane was next in rank to Dr. Barnes for promotion, and is a reputable and capable gentleman, it was his right that he should receive the promotion.

We have received the first number of the *Medical Chronicle*, edited by Geo. H. Rohe, M. D., and published at Baltimore, Md., at \$1 a year. This number contains twenty-four pages of good medical reading. We are pleased with the frankness of the editor, who says in a prospectus: "This journal is published in the joint interest of the medical profession and the editor." We hope it will be mutually profitable.

Dr. E. W. Jenks, late Professor of Gynecology in the Chicago Medical College, has opened a private hospital for the treatment of diseases of women at Geneva, Ill. The *Michigan Medical News* says in this connection: "His well-earned reputation as a gynecologist, and his extensive acquaintance, are sufficient to guarantee the success of his new enterprise from the very beginning," to which we add a cordial endorsement.

Dr. Cathell, author of the valuable work, "The Physician Himself," noticed in our July number, informs us that a new edition, thoroughly revised, is in preparation. An index will be added, and the matter divided into chapters and sections, which will add much to its usefulness. We advise every reader, old or young, wise or otherwise, to obtain a copy and read it carefully. It will be found not only interesting, but very profitable reading.

We take pleasure in especially calling the attention of our readers to the article on the "Double Staining of Blood Corpuscles," reprinted from the August number of *The Microscope*. Our only regret is that we are not able to reproduce the colored lithograph showing the success attained. Those who do any work with the microscope should subscribe for this valuable bi-monthly, as it is the most practical journal we know of on this subject.

The demand for the charts has been so great that we have had difficulty in filling orders. We are again obliged to ask our friends to have a little patience, as the supply ordered is not yet received. We wish again to call attention to the fact that these charts are only offered to *New Subscribers*, also that the bound volumes of Vol. I are

ready and will be sent postpaid for \$1.50; or to *New Subscribers* to Vol. III for \$1.00 in addition to the regular subscription price.

"At a late meeting of the London Obstetrical Society (June 7th) Mr. Hopkins Walters exhibited an uterus with one ovary and Fallopian tube and a piece of omentum that had been torn away by a midwife in the attempt to remove an adherent placenta. The patient made an excellent recovery." Truly a "tough placenta and a tough woman," as the *North Carolina Medical Journal* heads the above statement--and it might be added, a tough story.

The "Boss" Medical College. "The *Medical Gazette* publishes the following letter *verbatim et literatim*, which it received from the Dean of a Western medical college. Is it any wonder medical education is in the condition in which the times find it?"—*Mich. Med. News*.

COLLEGE OF PHYSICIANS AND SURGEONS, }  
JOPLIN, Mo., 5, 28, 1882. }

GENTS: Please send *price list* of *Doctors and Druggist Names* by states, as I want to mail *several thousand Annual Catalogues* to the *Profession* all over the U. S A and canady. I am starting an embryotic Pioneer Medical College and I must of necessity noise it around the world to make it pay me. An early reply will greatly oblige

yours Respectfully etc

J. C. PETIT M D

Dean

Some of our readers may not have seen a copy of this announcement, so we will describe some of its features. The title page has a cut of the college building, adjoining which is "Petit's Hospital Home." The next page has an illustration of the dissecting room. Two persons are at work; one has a bandage around his head, the other has apparently had the side of his head caved in. We suppose this is regulation Missouri style. In the center a well-dressed person, with plug hat in hand and hair parted in the middle, is evidently posing for his picture. This may be the Dean, or it may not, but we believe it is. Among the Professors are one of Cerebral Physiology and one of Ophthalmology. We invite the attention of some other colleges to these new departments, whereby they *may* add

a few more chairs to their faculties. "Women are admitted on the same terms as men. A separate lecture room for women has been so arranged that the lecturer can be seen and heard, but without there being any embarrassment to either sex." To the professors, we suppose is meant. The fees, including matriculation and demonstrator's tickets, are \$40, which happen, by a wonderful coincidence, to be just the same as those of another college which might be mentioned. But space forbids further notice, and we will only say that this is one of the colleges whose diplomas are not received by the Illinois State Board of Health.

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#### New Doctors.

Certificates of practice entitling the holders to practice medicine and surgery in Illinois, were issued to the following named practitioners, during the month of July, by the State Board of Health:

William Dillon, M. D., Thawville, Iroquois county; diploma, Ohio Medical College.

Almeda Westfall, M. D., Chicago; diploma, Hahnemann Medical College, Chicago.

H. M. Vaught, M. D., Bird's Station, Lawrence county; diploma, University of Louisville.

Waldo H. Stone, M. D., Hamburg, Calhoun county; diploma, Boston University School of Medicine.

Henry H. Rogers, M. D., Fairbury, Livingston county; diploma, Kentucky School of Medicine.

Johan Patzer, M. D., Chicago; diploma, University of Wurzburg.

J. W. Propeck, M. D., Mendota, LaSalle county; diploma, American Medical College, St. Louis, Mo.

Stillwell G. Merrill, M. D., Belleville, St. Clair county; diploma, Missouri Homœopathic Medical College.

J. B. Marchand, M. D., Monticello, Lewis county, Mo.; diploma, College of Physicians and Surgeons, Keokuk, Ia.

Smith D. Lou, M. D., Albion, Edwards county; diploma, Eclectic Medical Institute, Cincinnati, O.

Fred Humbert, M. D., Alton, Madison county; diploma, University of Vienna, Austria.

Fred Holcomb, M. D., Kensington, Cook county; diploma, Albany Medical College, New York.

Abraham Lincoln Fox, M. D., Oakwood, Vermilion county; diploma, Rush Medical College.

George William Field, M. D., Thomson, Carroll county; diploma, Chicago Medical College.

O. C. Darling, M. D., London Mills, Fulton county; diploma, Eclectic Medical Institute, Cincinnati, O.

J. F. Cooper, M. D., Elmwood, Peoria county; diploma, College of Physicians and Surgeons, Baltimore, Md.

Wm. B. Cook, M. D., Verona, Grundy county; diploma, Bennett Medical College, Chicago.

Frank M. Blodgett, M. D., Chicago; diploma, Howard University, Medical Department.

Francis G. Bonyoge, M. D., Chicago; diploma, Royal College of Surgeons and King and Queen's College of Physicians, Ireland.

John F. Bigelow, M. D., Chicago; diploma, Rush Medical College, Chicago.

W. T. Knapp, M. D., Casey, Clark county; diploma, Starling Medical College, Columbus, O.

George H. Randell, M. D., Chicago; diploma, University of Michigan.

A. G. Blanchard, M. D., Seneca, LaSalle county; diploma, Eclectic Medical Institute, Cincinnati, O.

Kate D. Munn, M. D., Chicago; diploma, Bennett Medical College, Chicago.

Thomas Addison, M. D., Chicago; diploma, Bellevue Hospital Medical College, New York.

A. W. Avery, M. D., Beardstown, Cass county; diploma, Long Island College Hospital, Brooklyn, N. Y.

J. B. Shoemaker, M. D., Janesville, Coles county; diploma, Kentucky School of Medicine, Louisville, Ky.

Belle Seward, M. D., Rockford, Winnebago county; diploma, Hahnemann Medical College, Chicago.

John H. Faucett, M. D., Grant Park, Kankakee county; diploma, Missouri Medical College, St. Louis.

Philip Moeser, M. D., New Athens, St. Clair county; diploma, American Medical College, St. Louis.

Frances A. Prindle, M. D., Streator, LaSalle county; diploma, Woman's Hospital Medical College, Chicago.

John F. Snyder, M. D., King's, Ogle county; diploma, Rush Medical College.

Oman G. Gowin, M. D., Morrisonville, Christian county; diploma, Eclectic Medical Institute, Cincinnati.

George H. Hunt, M. D., Paris, Edgar county; diploma, Pulte Medical College, Cincinnati.

Ella M. Patton, M. D., Rockford, Winnebago county; diploma, Michigan State University.

Granville W. Prewett, M. D., Livingstone, Clark county; diploma, Missouri Medical College, St. Louis.

Hamlin J. Waters, M. D., Albion, Edwards county; diploma, Miami Medical College, Cincinnati.

D. W. Smith, M. D., Bement, Piatt county; diploma, Jefferson School of Medicine, Louisville, Ky.

Perry Waltman, M. D., Dudley, Edgar county; diploma, Eclectic Medical Institute, Cincinnati, O.

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### Receipts.

To save the time and expense requisite for sending a formal receipt to subscribers, we have for some months past adopted the plan of printing in this place the name of those from whom money has been received during the pre-

ceding month. Those remitting will please note whether their names are included in the lists, and if they are not, will notify us by card :

ILLINOIS—Drs. J. B. Randleson, A. F. Burnham, T. W. Keys, Mrs. S. A. Coulter, S. A. Hopkins, Weis & Tice, O. J. Roskoten, Geo. N. Jennings, B. Curti, M. J. Jones, C. C. Allen.

IOWA—Drs. Maxwell & Bowman, Perry Engle, J. N. Norris, J. B. Gardner, E. J. Shelton.

WISCONSIN—Drs. H. D. Hill, H. Hunt, W. Hanna, W. Monroe.

NEBRASKA—Dr. M. Enright.

ARIZONA—Dr. O. B. Adams.

MISSOURI—Drs. W. F. Boyer, S. F. Bonney, L. S. Brown & Son.

OHIO—Drs. H. B. Martin, E. B. Hiestand, J. T. Mason.

FLORIDA—Dr. L. R. Quackenbush.

KANSAS—Dr. A. G. Brown.

MINNESOTA—Drs. H. Schumann, T. Kirk.

### **Transactions of the American Medical Association.**

The Publication Committee have been working very rapidly during the past few weeks, and will have all the manuscripts in the printer's hands by the 5th of August. At their first meeting they passed resolutions requiring all contributions referred to them to be in the hands of the Secretary by the 31st of July, to insure insertion in the annual volume. All corrections made by authors on the proof sheet, differing from the original manuscript, will only be made at the expense of the author.

### **To Hasten the Action of Quinine.**

Dr. Starke (Berliner Klin. Wochenschrift) advises that before swallowing powder or pills of quinine, a weak tartaric acid lemonade be taken. This procedure not only greatly accelerates the solution and absorption of the quinine, rendering its physiological action much more prompt, but also obviates the unpleasant gastric irritability so common after the administration of large doses of this drug.

# THE PEORIA MEDICAL MONTHLY.

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VOL. III.—SEPTEMBER, 1882.—No. 5.

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## Original Communications.

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ART. I.—Case of Acute Diabetes Mellitus with Albuminuria. Death from Uræmia. BY ROBERT ROSKOTEN, M. D., Peoria, Ill.

Quite early in the morning on the 22d of last May, I was summoned to Mrs. W., a rather corpulent widow, 43 years of age. Patient stated that the day before she had taken some cathartic pills without effect, and was complaining of the most intense pains shooting from the middle of her back forwards and downwards to the abdomen. I found her suffering from constant nausea and repeated vomiting, which greatly increased the pain. Her extremities were cold, covered with perspiration; great dyspnoea; pulse very small, 120. Her abdomen was slightly tympanitic, but not tender; tongue coated with a thin, whitish fur. The patient being in great agony and constantly clamoring for relief, I refrained from making a more thorough examination, noticing only the absence of strangulated hernia. Administered aromatic spirit of ammonia; ordered brandy punch, the application of a mustard plaster and an enema. Morphia was prescribed in combination with subnitrate of bismuth, the patient objecting to the hypodermic injection. In the afternoon found patient but little improved; though emesis had subsided, constant nausea was still present. Used injections with spirit of turpentine, which caused a

large, natural defæcation. No passage of urine since previous night. Used catheter and obtained about one ounce of a dark brown urine, which was reserved for analysis. Dyspnœa still great; examined chest. Sounds of heart very weak, otherwise normal. No signs of œdema or other pathological condition of the lungs.

At 9 o'clock p. m. all pain had ceased, excepting in the renal region, which was so tender that patient objected to any change of her position. There was a good perspiration; found temperature normal; pulse 90; difficulty of breathing, however, continued, nor had she micturated. During my presence vomiting of bilious matter occurred. Prescribed calomel and opium, one grain of each every three hours, and a mixture of ammonii acetat and spiritus nitri dulcis.

I was unable to test the urine until late in the evening. Reaction acid; heavy sediment of urates; blood-casts. After filtering the urine a large quantity of albumen was precipitated by nitric acid.

May 23, patient better; slept for several hours; emesis and dyspnœa gone. Skin moist, temperature 98; spontaneous normal operation. Five ounces of urine during the last twenty hours; specific gravity 1.032; quantity of albumen same as the day before, but this time applying the test for sugar found it present in large quantity. A few slight chills seemed to point towards malarious influences and induced me to use quinine. Continued diaphoretics. Patient did well during the day until about 10 o'clock p. m., when suddenly a change took place. The upper extremities (the lower in a less degree) became cold, pulse of radial artery scarcely perceptible; dyspnœa intense and pupils enlarged, though patient remained conscious. Kept the peripheric circulation up by rubbing the limbs with irritating substances and the application of hot cloths around them. Injection of brandy with quinine; liberal use of stimulants internally. Gradually the pulse came up again, but the upper extremities remained cold for fully thirty-six hours; their temperature was even lower than that of the surrounding medium, probably caused by the profuse perspiration.

May 24, pulse still very weak—100. Dyspnoea abated. About 10 ounces of urine during the last twenty-four hours. Specific gravity 1,030. Albumen and sugar diminished. Apprehending the occurrence of a similar attack, I used quinine in large doses. Nothing remarkable occurred during the next few days; the pulse became normal in every respect. Under the use of potassii acetat the quantity of the urine became larger, its color lighter, albumen and sugar considerably less. A slight indigestion was overcome by elixir of pepsine with bismuth, a troublesome flatulence by the use of recently burnt and pulverized charcoal. The renal region being still painful and tender on slight pressure, I suspected a consecutive perinephritis. The pulse by this time having regained some vigor, half a dozen leeches were applied over the seat of the pain, by which suffering was relieved.

Practical reasons precluded the use of an otherwise indicated warm bath at any period of the disease.

May 25, a severe hæmaturia set in. Used ergot without effect, but succeeded in arresting it with plumbi acetat and opium. After the hæmaturia had subsided, patient did admirably well. The functions of all organs seemed to have returned to their physiological state. The only pathological condition was the presence of traces of sugar and albumen in the urine; even the pain in the renal region had almost entirely disappeared. During the most trying period of her disease, patient, contrary to my wishes, declined counsel, but on May 28 requested it immediately at my entrance. Dr. R. Boal, to whom I applied, kindly answered to my call. The most scrutinous examination by this vastly experienced physician also failed to discover any immediate danger. Beyond a great nervousness no symptoms of an alarming nature were present.

Afterwards I learned from the attendants of patient that she asked them not to allow her to fall asleep, since she feared never to awake again. This fear may have been caused by an indistinct premonitory sensation of the impending coma. In order to overcome the nervous excitement we used Hoffmann's anodyne with paregoric and valerian, with good effect. Until the evening of May 31

everything went on fairly, when suddenly dyspnoea supervened. The pulse became small and fluttering (130), diuresis imperfect, only three ounces of urine during the whole day. After filtering it, its specific gravity showed 1.037, abounding in sugar and considerable albumen.

During the whole disease no œdema of the extremities could be noticed, but now, for the first time, her eyelids became œdematous.

On the morning of June 1 crepitation could be heard over both lungs; pulse very small, respiration labored. Urine scant, of the same quality as the day before. Sub-sultus tendinum and coma. Patient died in the afternoon, on the eleventh day of her sickness. Post mortem not permitted.

On account of pressing demands on my time I was unable to take as perfect notes of the case as were desirable, but I hope that they may be sufficient to impress upon the reader the gravity of the prognosis whenever diabetes and albuminuria occur simultaneously in a patient.

My theory of this case is that the diabetes was pre-existing, and that by exposure to cold a diffuse nephritis was contracted. This exposure occurred the day before I was first called, during the disinterment and removal to a distant cemetery of the bodies of her husband and nephew, who were killed by an accident about a year ago, the weather being cold and rainy. The shock upon the nervous centers of the patient, produced by the scenes witnessed on that occasion, may have aggravated the diabetes.

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\*ART. II.—On the Resources for Meeting Emergencies: with Cases in Practice. BY HENRY S. BELL, M. D., Paris, Ill.

We doubt if there is any pursuit followed by man where emergencies so frequently arise as in the practice of medicine and surgery. Therefore when you add this to the almost constant anxiety experienced by physicians for the welfare of their patients, you at once have a fair conception of the responsibilities assumed by the doctor.

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\* Read before the Æsculapian Society of the Wabash Valley, at its Semi-annual Meeting in Champaign, Ill., May 31, 1882.

We, who have so painfully realized these momentous facts, need not necessarily be told that these things are true. But we can be profited by discussion, and thus be better prepared to meet the difficult conditions when they do arise. They have often, and will again often face each and all of us. We but delude ourselves if we shut our eyes to the probability of escaping these trying problems; and the man who does not take the pains, the labor I mean, to master these extraordinary events, usually shuts his eyes when brought face to face with cases, the gravity and unusual character of which must test his knowledge and skill. The consequence of this groping practice is often enough disastrous to the patient and family, and if the doctor has the confidence of those in the immediate neighborhood, he comes out with neither blame nor credit, but nevertheless feeling very much self-reproached for his weakness.

We may classify doctors under three heads regarding the matter of emergencies: 1st. Those who either do not know, or knowing, have not the pluck to act, but move about in a fussy way to make believe that they are doing something, though in reality they are doing nothing, while the patient's life is slowly or rapidly, as the case may be, passing away. The second class comprise those who are ignorant in every sense, that is they know none of the principles of medicine and surgery, neither have they the common sense of the first class to abstain from action, which is far more commendable, but work furiously away without reason or purpose until exhaustion of the doctor, or the death of the patient, puts a stop to such misplaced pluck. The third class, I am happy to believe, comprise the larger number of physicians; and country practitioners make up a relatively larger number of this class of careful but active men. The reason for this is owing no doubt to the fact that experienced counsel is not always at hand when these emergencies occur. Therefore the doctor out in the prairie or down in the woods is thrown entirely back upon his own resources. These circumstances are often so trying as to make the man for the time forget his humble position in the profession, and he is thus stimulated by the

emergency to do only what he heretofore considered possible for eminently experienced men to do, and thus in his hour of self-dependence saves a human life perchance, and discharges a duty that he had not deemed himself capable of undertaking. And each difficulty encountered and successfully met gives him increased courage and confidence; and thus case by case, he grows in real usefulness, and in this way acquires an ability that no college course can give or text book impart.

If this bedside experience is so valuable and indispensable to the successful physician, the mutual discussion of our varied experiences is certainly the next thing to the practical realization of these important questions. Hence the object of this paper. Much or all that is said here may seem simple and comparatively insignificant. The reason for this is it requires much less mental labor and subtle responsibility to tell of an action than it does to engage in one. However, we have all had many repetitions of such cases, and cases very like those to which I shall presently allude. And in this relation it may be properly asked: Are we always ready to grasp these unexpected emergencies with an iron grip, and thus, as it were, thrust them down? Are we equal to our opportunities? Do we strive to attain that high degree of usefulness which is within our power?

I believe that many or most of us reflect the ordinary skill of our profession, and that too, without a strained effort. Now if we are ordinarily competent as it is, how much better we may become by habits of industry and perseverance; by following carefully the progress of our science and art as we find it recorded in journals and new books; by studying our own cases and writing our conclusions, or reporting instructive cases to our societies or local journals. These simple though perhaps laborious exercises are the ways and means of making ourselves better doctors.

It may be said by the busy practitioner that the time and labor expended in the daily routine of making calls and prescribing for his patients leaves no time for careful reading or undisturbed thought. This is a reasonable

statement, and one that is quite sufficient to palliate the ambition of many. But we must, at the risk of sacrificing the few hours for social pleasure which we enjoy, delve deeply in the mines of medical discussion, that we may ourselves become enlarged and thus endeavor to keep pace with our profession.

Let us seek to emulate the beautiful sentiment expressed by a celebrated opera singer when she said, when she began life in a lady's kitchen she resolved to wash dishes better than anybody, and now that she had risen from that humble station, she was still determined to sing better than other members of the company.

The cases to which your attention shall now be called will no doubt impress us with the importance of having an abiding knowledge that will serve us well in the hour of greatest need.

About 9 o'clock on the night of March 19th, 1882, I was called several miles into the country to see Mrs. H. H., age 22 years, who was said to be in labor with her first child. Soon after arriving I made a digital examination and very quickly determined that it was a breech presentation with coccyx of child to left acetabulum of mother. The os was well dilated, and everything in normal condition except the character of the pains, which were frequent and non-expulsive. This, however, did not particularly excite my apprehension, as she seemed young and strong. I therefore informed the husband and neighbor women, in whose care the patient had been since the commencement of her labor, twenty-four hours before my arrival, that the case was a breech presentation; and that while it would be somewhat more tedious than ordinary labors, nevertheless she would get through all right and was making fair progress. This assurance which I gave the lady and her anxious friends was based on the excellent condition of the os, it being enormously dilated, soft and lubricated, and the fact that we are taught by obstetrical text-books and professors that breech labors are natural and do not, as a rule, require any interference from the accoucher. The buttocks of the child were excessively large, or at least appeared so to the feel of the index finger, and they had not

yet become engaged in the pelvic brim. I took a seat by the bedside of my patient, and she labored hard from hour to hour; and as the clock regularly tolled out the passing hours of the night, I would as frequently make the usual examination, and each succeeding time I would find that there was no further progress. And as the wee small hours of the far-advancing night came on, the patient and friends would look to me for some signs of the fulfillment of my early prophesy. This and the unerring indications of the prostration of the patient made me twist about nervously in my seat. As things went on in this way, I would occasionally go to the door to see if the storm, which had been raging without all night, was showing any signs of letting up. I decided about 3 o'clock in the morning, that the patient would not get through soon, if at all, unaided; and I thought it would be a great relief to me to have professional assistance and a case of obstetrical instruments. But there I was, several miles from town, the night black with darkness, the rain pouring down in torrents and the prairie roads almost impassable. Added to the fury without, there was within the despairing moan of the poor patient, the beseeching expression of the faces of the old women, and the exhausted energies and demoralized spirits of the writer. Thus bewildered, I almost unconsciously strolled into an adjoining bedroom, and dropped down upon the couch to meditate upon the serious extremity in which I found myself. While thus trying to think, the kind hearted old grandmother who was in attendance when I arrived, came into my room and recited a case just like this, which she had seen in Ohio in her younger days, which, she said, despite the best efforts of the best doctor in the neighborhood, died undelivered. This experience of the old lady fired up my tired energy, and I at once resolved that my patient should not die in parturition. I informed the husband that in the interest of his wife's life it would be necessary to deliver her without delay; that the safety of the child was already jeopardized and that breech presentations were especially disastrous to children, and that in all probability the child would be still-born. Having the consent of both husband and wife, I at once

administered chloroform, made a careful examination and found the buttocks high up, but still inclined to engage at brim. The child appeared so large I thought it would be a very difficult task to bring the feet down: and, besides, I thought it would prejudice the welfare of the mother more to pass my hand entirely in the uterus and turn, than to carry out the plan I had matured. I asked for some strong iron wire, which was brought, and with a pair of pliers I readily converted it into a blunt hook and also turned the opposite end of the wire into a smaller hook, in order that it could not slip from my grasp. I carefully wrapped the instrument with candle-wick, and then proceeded to pass it in the vagina and over the left groin of the child, which was easily done. I had previously tried to pass the tape or fillet, as it is technically called, over the groin with my fingers, but failed after two or three trials. Now with my right hand I made traction upon the blunt hook, with the index finger of my left hand covering the point or end of the hook, and thus guarding the soft parts of the mother. The traction necessary to bring the child down was very great, and was made synchronously with the uterine contractions. In a little while and while using considerable force, I distinctly heard a sudden snap which too plainly indicated that I had broken the child's thigh. This must have disconcerted me very much, but I thought that I could not abandon the case then, and continued the traction until the buttocks were brought down sufficiently low, when I removed the improvised hook, and then passed my fingers over the child's groin and delivered it in a few moments. To my great surprise and chagrin the child was alive and cried out lustily. I thought to myself, if there ever was a time when a still birth was a comfort, this was the one. However, I quickly handed it to the nurse and turned to the exhausted mother only to find that she was having a most frightful post-partum hemorrhage. I at once grasped the fundus uteri through the abdominal walls, but could not excite it to contraction. I forthwith passed my right hand into the vagina, with all the fingers in the uterine cavity, still continuing the external pressure with my left hand. The blood continued to pour out in torrents and the

womb refused to contract. I then called for some cider vinegar, saturated my handkerchief with this and carried it into the uterine cavity, and instantly the womb contracted, forcing my fingers out in the vagina. However I left the handkerchief in the cavity fully an hour, almost fearing to remove it. No recurrence of flooding followed its removal.

By this time, when I knew the immediate danger of the mother was passed, I became perfectly worn out with physical labor, mental strain, and terrible responsibility. After an hour's rest upon a couch, breakfast was announced. But my appetite was gone, and the task of choking down a biscuit and answering the ominous inquiries of the women present, was the most disagreeable of my life. However the embarrassment must be met, and I frankly confessed to my company that the child had sustained a fracture of the left thigh bone, and that it were better that the mother be not informed until she had slept some and rallied somewhat from the shock of her labor. When the ladies had breakfasted I set about to do up the broken limb with a pasteboard dressing. The child would flex her thighs upon her abdomen, as all new-born babies will, and this circumstance very materially interfered with putting up the limb; so I decided to relax the young one with chloroform, which I administered myself, and when the babe was anaesthetized, I gave the handkerchief to the lady upon whose lap the child was lying, and carefully directed her how and when to use it, and at once busied myself with the dressing. Unfortunately the lady to whom I entrusted the chloroform was as intent upon seeing the fracture dressed as I was absorbed in the work in hand. Presently some one standing by cried out that the child was dead; a glance sufficed to prove this too true. The child was black in the face, limbs and body completely cyanosed, and respiration gone. I put my ear to the child's breast and thought I detected a faint fluttering of the heart. I lost no time in resorting to artificial respiration; inverting the child's body and douching it with cold water. While engaged in this apparently cruel proceeding, I was beseeched by the ladies present to desist for pity's sake,

that the child was dead, and that the poor thing had been tormented quite enough for one so young and tender. Of course these appeals were annoying to me, but I had resolved that the child should live, and finally returning life was manifested by occasional gasps from the child, and as artificial respiration was vigorously practiced, the intervals between the gasping breathing became less and less, and soon the child's color and breathing became normal and the dressing was finished. The child hovered between life and death for two days with spasms. I gave it one grain of bromide of potash every two hours, not believing that it could recover. However at the end of two days it seemed all right, and I removed the pasteboard, and substituted a plaster of paris dressing, first enclosing the limb in cotton batting and securing this with a roller bandage. I was careful to inclose the upper part of the thigh and buttock with oil silk, to prevent urine and fæces from saturating the cotton. I applied the plaster of paris with the limb strongly extended, but at this dressing I dispensed with the use of chloroform. The plaster bandages were carried around the hips, back and abdomen of the child in form of spica, and in this way secured fixation of dressing and complete immobility of fragments.

The further progress of child and mother was all that could be desired, the mother leaving her bed quite strong by the tenth day; and by stuffing bits of absorbent cotton between the dressing and groin, the discharges from child did not complicate matters. At the end of four weeks removed dressing, found union perfect, without shortening and no abrasion of cutaneous surfaces.

Case 2d. March 3, 1882, Mrs. Judge T., aged 30 years, mother of two children, youngest nine months old, consulted me regarding her health. She complained of aching over entire body and dated this ill-feeling three months back. She came unwell when baby was six weeks old (the child nursing the bottle altogether) and had been quite regular since, until in last January, when she was unwell three weeks, with but few days of this time free from flow. Came unwell February 20, continued three days, then ceased for five days, when on February 28 came so again

and has continued so to date (March 3). Pulse 100, lying down; temperature normal, bowels constipated. I advised rest in bed and prescribed for her bowels a pill containing:

R	Podophyllin,	1-10 grains.	
	Ext. Belladonna,	1-10 grains.	
	Ext. Nux Vomica,	$\frac{1}{4}$ grain.	
	Ext. Hyoscyami,	$\frac{1}{4}$ grain.	
	Pul. Capsicum,	$\frac{1}{2}$ grain.	M.

S. One pill every three hours until bowels acted, then one pill night and morning for a while. She was also to take a teaspoonful of fluid extract of black haw every three or four hours.

I saw her at intervals of once a week for the next month. She did not do any good, and on April 2d, while over the vessel, a fœtus of about three months' development passed from her into the vessel without the slightest pain. The afterbirth not following, she made strong traction on the cord and tore it from its attachment to the placenta. After several hours I was summoned and shown the fœtus and the napkins she had used, but could find no placenta among the clots. I passed my finger readily into the womb, but could not distinguish the afterbirth. I so informed her, and expressed the opinion that the placenta had certainly come away. She, however, was certain it had not. I administered an injection of hot carbolized water in the uterine cavity and directed vaginal injections twice each day, and gave her full doses of fluid extract of ergot and large doses of quinine, and continued thus for several days. The flooding continued and at end of ten days from time of abortion the flooding was so great that something more than mere temporizing had to be done. I dilated the cervix with slippery elm root and passed in my finger, broke down the placental mass and removed as much as I could with finger and dressing forceps. The placental mass now hung from the fundus, size and shape much as one's thumb. It seemed soft and friable and easily crumbled under my finger and dressing forceps. I removed as much as I could, the patient meantime enduring considerable pain from the manipulation. I again threw into the womb several pints of hot carbolized water. She had no more flooding, made a rapid recovery and has since remained well.

ART. III.—Treatment of Dysentery. By I. J. M. Goss, Marietta, Ga.

Acute dysentery is prevailing in all the southern portion of United States, and is proving fatal wherever it is not properly treated. As I have treated it extensively for near forty years, I will add my experience for the benefit of suffering humanity.

In most cases where the subject of dysentery is young and vigorous, aconite, in doses of  $\frac{1}{2}$  to 1 drop, every half hour, with 10 to 15 grots of gelsemium, given until a decided impression is made upon the circulation, which is usually in two hours; then the same quantity may be given at longer intervals, say every two hours, to keep down inflammatory excitement. At the same time I have found aid from the use of some saline cathartic, and I have found the sulphate of soda the best, which should be given in doses of 1 drachm every three hours, until it produces a cathartic effect, then in doses of two grains to keep up a loose state of the bowels. I seldom give opium, unless it is in cases where the aconite and gelsemium fail to relieve the *tenesmus* and *tormina*; then I give about 25 drops of McMumis' Elixir of Opium every four hours, until the nervous system is quieted and the pain relieved. In some cases that have been neglected, and where the *tormina* and *tenesmus* are persistent, and the patient's passages are very slimy and bloody, and sometimes clots of blood like lumps of flesh, then small doses of bichloride of mercury, say the one one hundrdth of a grain every two hours, until the passages are changed to a more natural character. I have seen this type of dysentery improve rapidly under this remedy. I have had several cases recently among children that I relieved with this remedy in a few days. In many cases of dysentery that I have had this season, especially among children, there was great nausea and vomiting. In these cases I use small doses of tincture of ipicacuanha, say 1 to 2 drops every three hours.

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Dr. Desnos (*Journal de Medecine de Bordeaux*) claims that the carbolic spray, applied directly through the canula after tracheotomy, has a marked effect in producing expulsion of the false membranes.

**Correspondence.****Race Adulteration.**

August, 1882.

*Editor Peoria Medical Monthly:*

"Thou shalt not commit adultery," was the law propounded four thousand years ago, and the wholesomeness. I believe, of the commandment has never been questioned. Jewish jurisprudence defined adultery only in one sense and that has stood only as a regulator of society, and with what success is a question to be reflected upon.

In this paper I wish to inquire what adultery is *per se*, not particularly what it is thought to be. In this enlightened age what is best to do to remedy an evil which in the aggregate is alarmingly patent to any observer? What is adultery? Why, to hold sexual intercourse with another man's wife or another woman's husband. Yes, according to general law and thought.

If I were talking about sugar, tea, flour, whisky, or any of those things belonging to meats or drinks, you would say any other substance added to the article that would render it impure, inert, worthless or dangerous, would be to adulterate it. Our medicines are adulterated until we hardly know where to go for a genuine article. When we prescribe for our patient we hardly know if we shall cure or kill, simply because of adultery. How many lives are destroyed annually because of adultery? and yet the crime is passed by as of little moment. If the adulterer should add to the article something more valuable, a better article of the same kind even, he would soon obtain thanks, and the cry of adultery would soon be changed to the laudable one of a wholesome mixture. All this in business; but when we come to the social side of life adultery puts on another phase. In the generative sphere of life adultery is looked at through another medium. How well and consistently let us for a short time examine. When I was quite a young man in my profession I lived near two families. One family consisted of husband and wife, both blonds, who were brought up together, being second cousins. They thought it no wrong to intermarry as they

loved each other. The fruit of the pair when I first knew them, was one child, some five years old, in the cradle, an idiot; and a babe in the mother's arms, disfigured with a cleft palate, heir lip, and with ill-proportioned head and expressionless eye. The mother had miscarried once with pleasure.

The other family were brunettes, distantly related. Their offspring was no better, a boy, all drawn out of shape by rickets, his head several sizes too large, and his mother after one abortion had remained sterile. And yet to look upon, these four parents were perfect in form, smart, intelligent, active people. Now, what was the trouble? *Adultery per se*. The common accepted opinion would be mismarriage, but adultery would be a better word. The seed was spoiled by adulteration. These two families were on the most intimate terms and could have intermarried differently, but found their mistake too late. They could have divorced and remarried, but the obnoxious offspring was in the way; at least the idiot in the cradle was too much for Mrs. Brunette. It had been suggested by an old physician that they exchange partners all around, which I had reasons to think had been temporarily done, as each lady gave birth to a perfect living child, Mrs. Blond presenting a fine boy to her husband, strongly marked with the brunette, and vice versa with Mrs. Brunette. After some years I lost sight of all the parties, and since then my observation has led me to think that adultery was not *per se* what the legal statute makes it, but that the command should and must bear heavier on the *crime* of bad *procreating*.

"Thou shalt not commit adultery" was from God, but the defining of the law was from man and man has ever had to suffer the penalty of bad construction.

Knowing, as the medical man does or should know, the terrible consequences of human adulteration through the laws of marriage and the ignorance of the masses, a terrible responsibility rests on them as a body, in the direction of a sanitary reformation in society; but then as individuals the profession is hampered by preconceived opinions of social and religious cast that it is almost impossible to

surmount. I sometimes think it were better the law defining and punishing adultery were to become a dead letter on our statute books, unless it can be modified. Deformed idiots, mental depravity and a legion of evil propensities, besides the criminal acts which arise from the forced continuance of adulterous intermarriages, are being forced upon society by the mistaken idea that men and women should continue to live together when once they have plighted their troth. I would not even suggest the thought that it would be right to overstep the law, but I would suggest the thought that by so doing a man or woman would approach infinitely nearer the right than in continuing to propagate fools and deformed children according to law. The curse of man might fall heavier, but the curse of God would certainly be lighter. What so terribly damning as a deformed imbecile, and to feel I am guilty of its being.

Lux.

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### Book Notices.

**The Change of Life in Health and Disease.** A Chemical Treatise on the Diseases of the Ganglionic Nervous System Incidental to Women at the Decline of Life. By EDWARD JOHN TILT. M. D., Past President of the Obstetrical Society of London, etc., etc. Cloth, 8 vo., 184 pp. Price, \$1.25; in paper 75 cents. P. Blakiston, Son & Co., Philadelphia, 1882.

Dr. Tilt is well known to many American readers as one of the foremost of the British conservative gynecologists. His "Hand Book of Uterine Therapeutics" has gained for him many friends and warm admirers in this country who will heartily welcome any additional work from his pen. In the work before us he has the advantage, over most authors, of being the only writer on the above subject in our language. The subject, we believe, is not generally understood, and any systematic treatise upon it will receive prompt recognition as filling a long felt want on the part of the profession. The tables with which the work abounds are by no means the least interesting part of its contents, and will not fail to throw light upon many hitherto mooted points in regard to the climacteric changes of women. As the best, in fact as the only book upon the

subject so far as known to us, we heartily recommend it to our readers. The paper and binding is excellent, and the type and presswork very good.

**What to do in Cases of Poisoning.** BY WILLIAM MURRELL, M. D., M. R. C. P., etc. Second Edition, Vest Pocket Size, Cloth, pp. 96. Geo. S. Davis, Publisher, Detroit, Mich., 1882.

This is one of those handy little books which we cannot well do without, and which should never be misplaced. Besides containing the antidotes for the more common poisons, it gives the treatment for those which would puzzle almost anyone without its instructions, such as the "Vermin Killers," "Rat Pastes" and some of the most poisonous patent medicines. It covers the ground better than any book of its size on the subject that we are acquainted with, and should be in the hands of every practitioner of medicine.

**Mental Pathology and Therapeutics.** BY W. GRIESINGER, M. D., Professor of Clinical Medicine and of Mental Science in the University of Berlin, etc. etc. Translated by C. L. Robertson, M. D., (Cantab) and James Rutherford, M. D., (Edin.) 8 vo., Cloth, pp. 375. W. Wood & Co., New York, 1882.

This is a translation of the second edition which was made in 1867, and if anything of a later date can be found in the volume we have not been able to discover it. Of course this does not detract from the value of the book as then written, for Dr. Griesinger is well known as one of the ablest alienists on the continent, and his work is one of the classics of the subject, yet if the reader desires a work comprising the more recent investigations and teachings on mental disease and its treatment, he will not find them in this book. We have read this work with much interest and profit, and can recommend it to every one interested in medical psychology.

**Diseases of the Rectum and Anus.** BY CHARLES B. KELSEY, M. D. Surgeon to St. Paul's Infirmary for Diseases of the Rectum, etc., etc. 8 vo., Cloth, pp. 300. Wm. Wood & Co., New York, 1882.

Few volumes of Wood's Standard Library for 1882 will receive a more cordial welcome from a large number of general practitioners than the one before us. Diseases of the Rectum and Anus have become a recognized special

branch of surgery, and as such is entitled to a literature of its own. The subject is fully treated from an always practical standpoint in this work and the recent advances carefully gone over. The various chapters are as follows: Practical Points in Anatomy and Physiology, Congenital Malformations, General Rules Regarding Examination, Diagnosis and Operation, Inflammation of the Rectum, Abscess and Fistula, Hæmorrhoids, Prolapse, Non-malignant Growth, Non-malignant Ulceration, Non-malignant Stricture, Cancer, Impacted Fæces and Foreign Bodies, Pruritus Ani, Spasm of the Sphincter, Neuralgia, Wounds, Rectal Alimentation. The author has done his work well, and has given us a very interesting and instructive book.

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### **Periscope.**

#### **Improved Pharmacy.**

The fact is not new, but it has been quite recently made more prominent by Sidney Ringer in his Handbook of Therapeutics, that small doses of medicine frequently repeated act more efficiently than large doses given at longer intervals. Bartholow, Petero, Desau, and many others, also recommend the use of minimum doses in almost every variety of disease. My attention was first called to this subject by my friend and former partner, Dr. J. B. Cook, and by observation and actual experience I have so convinced myself of their efficacy that, with one or two exceptions, I have discarded the larger doses, and by doing so have, I am sorry to say, been charged with practicing homœopathy. The believers in medicine and their efficacy in treating disease do not appear to increase. On the contrary, it is rather refreshing to meet with a practitioner now-a-days with any reliance on drugs. I would say to these doubters, try the small doses often repeated and your faith will revive. Take the first child you have in your practice with catarrhal fever or croup, and give it fourth or half-drop doses of aconite in a teaspoonful of water, repeated every ten or fifteen minutes, and you will see the fever driven off and disappear like frost before the summer sun. But there is an advance yet to be made and a point reached when we shall exclude all save the active principle of drugs. Quinine is far preferable to the bark, morphia to opium, and why should not the alkaloids and their salts,

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aconitin, veratrin, hyoscyamine, strychnine, digitalin, ergotin, and others, given in small doses (1-120 or 1-160 grain of the more potent) at short intervals—every quarter or half hour or hour—and discontinued or given at longer intervals when relief is afforded, be far preferable to the large and oftentimes nauseating compounds which are so frequently prescribed? The thanks of the profession are due and should be extended to advanced pharmacy for rendering it possible to administer medicines in forms which are not only accurate and reliable, but in many instances pleasant to the eye and to the taste of both children and adults. We cannot afford to allow a blind and foolish prejudice against what is called homœopathy to prevent our welcoming any advance which may tend to remove skepticism and restore faith in our healing art, and at the same time render our remedies palatable and pleasing alike to the taste and to the eye. A writer in a recent number of *The Lancet* says: "No man who has ever used aconitine for the reduction of temperature will hark back to the tincture, Fleming's though it be, or any crude form of the drug; and he who has not used hyoscyamine in trouble of the hollow viscera—stomach, bowels, bladder, etc.—has yet to experience the satisfaction and joy with which he will be greeted after prescribing it for a patient with spasm, retention, dysentery, or hernia; for this last is often spared the surgeon's knife by this beneficent drug." The wise physician is he who has learned to choose the quickest and the best remedy for the relief of his patient, unmisled by superficial differences; who can shun the rocks where others have been wrecked, or from foresight of what is coming can be cool when the peril is upon him.—*Dr. Dixon in Louisville Med. News.*

#### Iodoform in Phthisis.

Dr. Dreschfield, from an experience of this agent for over six months (by inhalation and pills—one grain per dose—mixed with creosote and dextrine), reaches these conclusions: 1. It is well borne, producing no nausea or gastric irritation. 2. By its anæsthetic properties, it relieves throat irritation and cough, especially in incipient phthisis. 3. In some cases it increases digestion and appetite and relieves vomiting. 4. It reduces slightly temperature where this is raised. 5. No bad results have followed the inhalation. 6. Hæmoptysis is not a contraindication, having entirely disappeared in some under its administration. 7. It seems to arrest the disease in its incipency.—*Id.*

**Iodoform Dressing in Vienna.**

Dr. Roswell Park, writing to the *Annals of Anat. and Surg.* (July) says iodoform is used in the Vienna hospitals to the exclusion almost of every other dressing. All the great surgeons have settled down into pretty much the same routine in using it. The part to be operated upon is scrubbed with soap and carbolized water and then carbolized again. The requisite operation is then done. All the instruments are laid in carbolized water, the sponges also, and before dressing the wound is thoroughly irrigated with a 3 p. c. sol. It is then dressed with iodoform gauze instead of the Lister gauze, with no intervening protective. Over the gauze is usually placed a moderately thick layer of absorbent cotton, and then something corresponding to the Mackintosh laid over this. The whole is then closely and neatly bandaged; the bandages used being quite wide and made out of a strong gauze. If advisable the wound may be dusted with powdered iodoform. In subperitoneal amputations it is dusted in many cases under the peritoneum; in osteoplastic resections, between the ends of the bone, and after extirpating tumors, many sprinkle it upon the inner surface of the flaps. The drainage tube is much less resorted to now than under strict Listerism, there being much less suppuration, and the discharge being more of a serious character. Elevation of temperature demands a change of the dressing; pain, burning and itching may also require it, but they are rare, as iodoform has anodyne properties, and are largely the result of tight or improper bandaging. As an antiseptic it must rank ahead of carbolic acid, and it promotes absorption more rapidly than any other medicinal agent. The author thinks that it should become in America, as it is there, the antiseptic of the present and immediate future for general use, until something better offers.

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**Ophthalmic Aphorisms.**

Dr. J. J. Chisolm, of Baltimore, gives the following valuable aphorisms in a report presented to the Maryland State Medical Society at its last session:

**FIRST APHORISM.**—*Do not blister.* In forty-nine applications out of fifty, as I find it used by physicians at large, it is an additional and useless torture to the eye disease from which the patient is already suffering.

**SECOND APHORISM.**—*Do not use nitrate of silver.* As constantly prescribed by general practitioners, it is not beneficial in one case out of one hundred, and therefore is

a very painful infliction to the ninety-nine who would have been so very much better off without it.

**THIRD APHORISM.**—*Do not prescribe sugar of lead.* In every case zinc, tannin or alum is better, and then there is no fear of having insoluble deposits incorporating themselves with the exposed surface of corneal ulcers.

**FOURTH APHORISM.**—*Always use weak solutions of the mineral and vegetable astringents* in the treatment of eye inflammations which attack the mucous surfaces, and restrict their application to conjunctival diseases exclusively. One grain of alum, sulphate or chloride of zinc, sulphate of copper or nitrate of silver, in an ounce of water, will in the majority of cases of conjunctival diseases, do much more good and give much less uneasiness than the very painful five and ten grain solutions which are so often injuriously prescribed by physicians.

**FIFTH APHORISM.**—*Solution of the sulphate of atropia,* from one to four grains to the ounce of rose water, is an essential eye-drop in the treatment of acute iritis, to break up newly formed adhesions. One drop of the atropia solution in an inflamed eye is a most valuable means of establishing the diagnosis, whether iritic complications exist or not, and should be used in most cases of eye inflammation to find out whether there are any adhesions of the pupil to the lens.

**SIXTH APHORISM.**—*Eserine in solution of one grain to the ounce of water* is the remedy for purely corneal lesions.

**SEVENTH APHORISM.**—When physicians are in doubt as to the character of an eye disease, they should seek a consultation from specialists who are more familiar with eye diseases than general practitioners can possibly be. Such timely aid often saves the patient a lifetime of trouble.

If physicians would commit to memory and keep at their finger ends, and ready for use, these simple aphorisms, the amount of mental and bodily suffering which they will prevent in their eye patients is beyond calculation. While all good rules have necessarily many exceptions, they may safely follow their simple guidance.—*Columbus Medical Journal.*

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#### Treatment of the Placenta after Abortion.

Dr. Stanley P. Warren, of Portland, presented a practical paper on this subject at the late meeting of the Maine Medical Association, in which he classed abortions under four heads, advocating primary extraction of the placenta without leaving the result to nature, observing, of course,

all proper precautions with reference to shock and hemorrhage.

Class 1.—Sudden flooding, cervix open, severe shock, and it is unknown whether the placenta has been expelled or not.

Class 2.—Moderate hemorrhage; the foetus has recently been expelled; the cervix open and the placenta within reach; general condition good.

Class 3.—The foetus has been expelled for some days; the secundines are retained; the lochiæ are fetid and some form of septic inflammation is present in the pelvic cavity.

Class 4.—There has been more or less flooding; foetus has been expelled; cervix is closed, and the placenta cannot be reached by the finger; general condition good.

Cases were cited illustrating each of these divisions, and facts presented as to the subsequent condition and labors of these patients.

For the first class the doctor recommended procedures which should relieve shock and check hemorrhage, and as soon as reaction was well established the contents of the uterus, if any, should be removed.

In the second class there seems to be no question as to the propriety of immediately evacuating the uterus, if the placenta is free and can be removed *without preliminary dilatation of the cervix*. It is to be regarded as simply a foreign body. There is less danger of injury to the tissues with the finger than with the curette; it also has the advantage of the sense of touch. The curette, on the other hand, causes less pain and may be used with or without the speculum; has not found the ovum forceps as safe as the curette, still less than the finger, and ought to be used very cautiously in the uterine cavity.

In the third class, where we have present or impending some metritis, no good reason obtains where the uterus should not be, within 24 hours, relieved of its contents and thoroughly cleaned; the cervix is usually patent and requires no dilation; a dull curette, followed by intra-uterine, not carbolized, injections, will accomplish every desired object in the way of removal. The quicker the focus of infection is taken away, the less is reparative action delayed and septicemia to be expected.

In dealing with class third, when the fetus is expelled, but the placenta shut up in the uterine cavity, obstetricians must choose whether they will "do nothing," relying upon rest and opiates, or mechanically dilate the cervix, perhaps, with a sponge tent, and, as they say, "let nature take

its course." or they *may remove* the placenta within twenty-four hours after the expulsion of the embryo, using dilators for some hours before operating, or dilating with the finger and immediately extracting.

On these points of procedure the most distinguished obstetricians and gynecologists in the country differ.

It has been urged in objection—

1. It is unnecessary, since the vast majority of patients do well if let alone.

2. It is the finger, curette, or forceps that does the damage, rather than the retained placenta.

3. It is very difficult, perhaps impossible, to remove an adherent placenta, and septicemia can be caused by a placental tuft as surely as by the entire organ.

To these objections the Doctor replied :

1. These tonic contradictions are essential to the arrest of hemorrhage; there cannot be tonic contractions until the placenta is expelled, and the less will be the hemorrhage existing or possible.

2. Anxiety in both the patient and physician will be prevented by early completion of the abortion.

3. Time is gained in uterine involution.

4. Absorption of putrilage from retained secundines is unquestionably the most frequent sequel in abortion; when the uterus is thoroughly disinfected, septicemia is evidently imaginery. Possible accidents from manipulation are not a sufficient reason for permitting a placenta to be removed by decomposition, ignoring the fact that self-imprisonment must be imment; by early removal, therefore, of the placenta, septicemia is prevented.

5. Clinically, after abortion, metritis can rarely be traced to direct mechanical violence. If lesions have occurred in the process of extraction, infection in an empty uterus must be slight when compared with one in which the entire absorbing surface is exposed and covered by a decomposing placenta.—*Phil. Med. News.*

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#### Advice to Young Doctors.

Avoid all such tricks as assuring a timid patient you will not lance his boil, merely wish to examine it, and then suddenly do what you assured him you would not do. Veracity should ever be your golden shield.

The white and the black, the rich and the poor, the courtesan, the outlaw, the swaggering rowdy, and the reprobate, will all be represented in your practice. Attend anybody if you must, but, seek to avoid disreputable places

and persons; they are more likely to be a curse than a blessing. Remember always that such people respect no doctor who does not respect himself.

Endeavor to establish and maintain a complete professional influence over all patients you attend, for without their faith and respect you will have to contend not only against the physical, but also the mental.

Be exceedingly cautious about taking patients to be visited clandestinely, or having married women or young females consult you secretly at your office; also of attending a patient for a disease under pretense that it is something else, in order to shield or deceive friends or relatives.

Do not over-visit your patients. Excessive attention and numerous visits are rarely appreciated. If you can get the reputation of not paying any but necessary visits, it will be a special feature in your favor, and will almost double your practice.

A good rule, the only proper rule, is to visit your patient when, and only when, you think he really needs your care, whether once a day, or once in seven days. Never go several times a day without pointing out to them the necessity for it.

Above all else, avoid running in to visit patient unnecessarily, because you "happen to be in the neighborhood." If you visit on such a plea, and charge for it, you will be criticised and your bill may be disputed.

Some well-to-do, or over-solicitous people, form an exception to this rule, and insist on your visiting them frequently, almost living at their house during sickness, to observe progress, instruct attendants, etc., regardless of the additional expense, and of course you should gratify them, but you should, also, at the beginning inform the one who will have to pay the bill, of the reason and expense of the extra visits, and get his acquiescence.

During these frequent visits you should maintain a strictly professional attitude; unless you do so, they will certainly lose confidence, after which you will be shorn of your influence and reckoned a mere cipher.

Make it a study to remember all that is said or done at each visit, so that all you say and do throughout the case may be consistent, and also to take care neither to expose a want of memory nor a lack of interest. Were you to ask a patient, "what kind of medicine did I give you last?" he, and his friends would notice it instantly and think you either felt but little interest in his case or had a dangerous lack of memory.

Earnestness and interest shown in cases are master

qualities. They are often actually accepted in lieu of skill, and are always prime aids. Imbue yourself with genuine interest in your cases, and you will be sure to show it in a thousand ways.

When visiting a patient, always let it be known whether you will visit him again, and when; it will not only satisfy him, but will prevent all uncertainty.—“*The Doctor Himself*,” by Dr. Cathell.

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#### Administration of Belladonna to Children.

In a lecture delivered by Dr. Jules Simon at Hospital des Enfants Malades, he speaks of the uses of belladonna in diseases of children.

He details four cases of whooping-cough in which he used it successfully. The first patient was a boy three and a half years old, to whom he gave, on the first day, thirty drops, second day forty drops, and third day sixty drops of the tincture. This last dose was continued for ten days without bad results, and with considerable improvement in the disease. In the second and third cases, fifty to sixty drops were given per day, the patients being three and four years old. In a girl of thirteen the dose was gradually increased to 120 drops daily, with no bad effects.

He graduates his dose according to the age, giving five to ten drops per day when the child is from two to three years old, ten to twenty when three, and twenty to forty when four years. Below the age of two years it is seldom used. The powder and extract may be well combined to make a small pill. The sulphate of atropia may be given to a child of two years, in doses of half a milligramme, gradually increasing to two milligrammes daily. Ext. belladonna combined with ext. henbane and oil of henbane, as an ointment, is useful in arthritis and coxalgia. For relief of muscular pains sulphate of atropia and benzoinated lard is useful. In speaking of its physiological properties and therapeutical indications, he describes it as an irritant to the parts to which it is applied. Taken internally it causes dryness of throat, with bitterness and acidity, sometimes giving rise to semi-paralysis of the pharynx, and even dysphagia. It causes hyper-secretion from intestinal mucous membrane, hence diarrhoea, being antagonistic to opium, but like it, it causes nausea and vomiting in poisonous doses; in such doses it also increases the temperature and produces febrile accidents.

Transpiration is not increased, but the renal secretion is, this being again antagonistic to opium. It is supposed

to render the brain anemic, while opium causes congestion of that organ. In poisonous doses it produces tetanism, but when correctly used it diminishes the susceptibility of the sensitive nerves and calorification.

The author thinks it indicated in simple acute laryngitis, stridulous laryngitis, mucous cough, spasmodic and paroxysmal bronchitis, bronchial adenopathy, whooping cough and influenza. In these diseases he used it mostly with equal parts of tincture aconite. He recommends its trial in nervous little girls of hysterical nature, suffering from gastralgia, dyspepsia, and vomiting, when other methods have failed.

In the abdominal neuralgia with constipation, from which children sometimes suffer. In tenesmus and nocturnal enuresis, he uses an ointment. To establish and relieve painful menstruation, he applies an ointment of ext. belladonna and henbane to hypogastrium, covering it by a cataplasm. In epilepsy he prescribes atrophia for two weeks followed by strychnia when the bromides fail to cure. In zona and facial neuralgia, it relieves pain, and it is of great use in other nervous affections, as also in affections of the eye.—*North Carolina Medical Journal*.

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#### Whence Originated the Doctrines of Hahnemann ?

Dr. Oliver Wendell Holmes, in a late lecture, in the *Boston Medical Journal*, in answer to this question, says that lately in looking through the *Ortus Medicinæ* of Van Helmont, Elzevi's edition, 1652, he noticed an odd looking prefix, Butler, to one of the chapters. He says: I found that this was the name of an Hibernian, a great personage formerly, as he represented, at the court of King James the First, of England. At present, however, this distinguished stranger was provided with lodgings at the public expense in the jail of Vilvoorden, a town of Belgium. Here it was that Van Helmont, a very credulous, very whimsical man of genius, a believer in the sympathetic ointment and other nonsenses of the kind, became acquainted with the distinguished stranger, who bore the family name of the Duke Ormond. The captive wrought some wonderful cures which Van Helmont reports. The first case was that of a monk suffering from erysipelas. The Irishman dipped a pebble quickly into a teaspoonful of oil of almonds, and instantly withdrew it. The patient took some of the oil and was cured at once. Second case: a washerwoman, complaint hemicrania. He dipped the same pebble quickly into a teaspoonful of olive oil, gave it a lick with his

tongue, and put it back into his waistcoat pocket. He poured that teaspoonful of oil into a small vessel of oil. One drop of this he rubbed on the old woman's head. Immediate and permanent cure. Stupefied astonishment of Van Helmont, to whom the son of Erin, "My darling, if you don't get on so far that you can cure any disease with a single remedy, you will remain a greenhorn till you are a greybeard." The next patient was a nobleman; a bad case of gout, as it would seem. He was to touch the pebble every morning with the tip of his tongue, wash the lame part with a cheap lotion prepared in the laboratory of nature, and be well in three weeks. If he will make me well, says the count, I will pay him his own price, and deposit so that he shall be sure of it. Our friend with the pebble takes this in high dudgeon; he will never help the miserable creature; does not want his money; is as good as he is. Van Helmont could not prevail upon him to treat the case and became skeptical. But not long afterwards a fat friend of his wanted to be rid of his obesity. Butler gives him a small piece of the pebble which he is to lick once or touch swiftly with the tip of his tongue every morning. In three weeks he was a span narrower about the chest. Van Helmont begins to have faith again, and being himself ill, as he thinks from poison, sends a flask of oil to Butler, who is still in jail, and who dips his pebble in it. One drop to be applied externally in one or more places. Entire failure of relief. Skeptical once more—our inquiring philosopher. But next, his wife is relieved of a dropsical swelling, and the servant maid of an ill-cured erysipelas, and a widow of a stiff arm, all by one or more drops of the oil, and an abbess of loss of power in her right arm by only touching her tongue to the pebble. Then I asked Butler, says Van Helmont, "Why so many women were cured at once, while I at sword's point with death and full of pains in all my joints and organs got not the slightest relief." The Irishman gave a plausible answer, which silenced if it did not satisfy the learned simpleton.

Thus the essence of the infinitesimal doctrine is in this most curious chapter of the *Ortus Medicinæ*. Hahnemann mentions the name of Van Helmont in his *Organon* and I have little doubt that he borrowed his infinitesimal doses, smelling of remedies and other inventions from this chapter.

Van Helmont entirely anticipated Hahnemann in insisting upon the use of simple remedies. "I believe," he says, "that simple remedies in their simplicity are equal to the cure of all diseases, and consequently," he adds, "the

dispensaries, wishing to compound and correct many ingredients, lose everything, and by a hidden blasphemy, as it were, undertake to supply the divine insufficiency." Where Hahnemann got his third great doctrine, that itch is the cause of seven-eighths of chronic diseases, I do not know, but I notice that Van Helmot has a good deal to say about that disease, from which he himself suffered for many months, and what he says may very probably have set Hahnemann thinking about it.

Thus it appears that as early as the middle of the seventeenth century the essential doctrines of Hahnemann were promulgated and that Hahnemann must have been familiar with them.

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**To be Copied Into the Practitioner's Note Book.**

Inhalation of five to ten drops of amyl nitrite will break up a chill of malarial fever; so will hypodermic injection of one-sixth of a grain of muriate of pilocarpine. It is said that twenty drops of oil of turpentine will control the diarrhoea of typhoid fever. Two to five drops of wine of ipecac, three times a day, will, in the majority of cases, check the vomiting of pregnancy.—*Independent Practitioner*.

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**Telephonic Troubles.**

Mistakes may happen even in the best regulated families. Here is an example: Chicago is blessed with a druggist of great experience, and staid, modest habits of demeanor. It is his custom to replendish his stock when necessary, by ordering by telephone from other houses in the same line of business. With this purpose in view he called up such a house, and supposed he had it, when in fact he was still speaking to the telephone office. He was overwhelmed with chagrin and shame when in reply to his question, "Have you large black nipples?" only a hearty soprano cachinnation was returned from the female operator in the office. For a number of days thereafter he was compelled to repeat his blushes as he caught the lady's laughter whenever she heard the tones of his voice on the wire.

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**Torsion of Arteries.**

At Guy's Hospital the London correspondent of the *Boston Med. and Surg. Journal* says that all the surgeons use torsion to the exclusion of the ligature, except in very small vessels wherein it is difficult to isolate the vessel from muscular fibers. They give a very large statistical

showing in its favor. He has seen every kind of amputation there except of the hip-joint, and never a ligature applied to a large vessel. They use no transverse forceps, but, seizing the cut end of the vessel with strong forceps, twist it until it is felt to "give way;" that is, the two inner coats break. He has often seen six and sometimes ten complete turns given to the femoral artery. Mr. Bryant said: "Doctor, theoretically the twisted end ought to slough off, but practically it never does. We have to talk to our students about secondary hemorrhage, but we do not show it to them." Mr. Lucas told him that for a long time they had ceased to dread or look for secondary hemorrhage. —*Chicago Med. Review.*

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#### **Nerve-Stretching—Ureter Stretching.**

The London Medical Record quotes from the *Deutsch Med. Wochenschrift*, a letter which gives a "fling" at the nerve-stretchers. The writer speaks of ureter-stretching for granular kidney! He has also stretched the hepatic duct for cirrhosis, and intends to stretch not only the pneumogastric nerves, but also the bronchi for chronic contraction of the lung! He also asks, "Might not general paralysis of the insane be cured by simple extraction of the teeth, and stretching of the respective twigs of the dental nerves? I will try it. A new era is dawning! Here is, indeed, an art, and, while we live, let us stretch!"

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#### **Martin's Adhesive Plaster in Umbilical Hernia.**

A cheap, expeditious, light and effectual supporter for an umbilical hernia, as suggested by Dr. Roberts in *Bryant's Surgery*, is made as follows: A plug of bees-wax the size of the hernia, and a broad strip ( $1\frac{1}{2}$  in.) of Martin's adhesive plaster, are all that is necessary. The hernia is reduced, the wax plug placed in position over the outlet, and the plaster carried around the body and over the plug.

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#### **Traumatic Tetanus Treated Successfully by the Sulphate of Eserine.**

We had forgotten to notice this encouraging case contained in the pages of our valuable contemporary, the *New Orleans Medical and Surgical Journal*, March, 1882, until it came again to our notice in the *Bulletin de Therapeutique*. The case was in the person of a child 11 years of

age, three weeks after a wound in the foot. The bromides, chloral, and cannabis were tried without effect. Eserine was administered in doses of 1 milligramme (about 1-100 gr.) from hour to hour. The dose was diminished as the symptoms amended. In a week three grains of sulphate of eserine were administered, the child recovering.

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#### **Note on Excessive Sweating of the Feet.**

Having had occasion to treat a number of cases of excessive sweating of the feet, in one case accompanied by foetidity, the following treatment has apparently given considerable relief:

The patient is directed to immerse his feet morning and night, for about ten minutes, in warm water at 115 deg. to 120 deg. F., in which a teaspoonful (1 drachm) of powdered commercial soda (impure carbonate of soda) is dissolved. The feet are then thoroughly dried, after which they are painted all over with a coating of comp. tinct. of benzoin, which acts as an antiseptic, astringent, and by its mechanical presence on the skin. This treatment is continued for about ten days, after which it is practised once daily, or every other day, as the necessities of the case may require.—*Maryland Med. Journal.*

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#### **Syphilitic Infection of the Finger by Medical Men.**

Prof. Fessenden N. Otis, M. D., communicates to the *Independent Practitioner* of March, particulars of eight cases of syphilis contracted by physicians in making digital examination of the vaginæ of syphilitic women. The initial lesion of this form of syphilis is described as being uniformly a papule, "coming soon to be of a deep red color, and presenting a superficial abrasion, becoming circular and deeper by a slow molecular necrosis; not by ulceration with formation of pus; the secretions thin and serous, and drying into a scab, which is soon displaced by the fluid accumulating underneath." He also remarks "the entire absence of induration; in its place a slight, flat, juicy-looking, boggy swelling, or elevation, about like a small peppermint in size and thickness."

As proof of the efficacy of treatment, which was continued in five of the cases for one and a half to two and a half years, he states that subsequently "eight healthy children have been born, and both they and the parents have continued free from any evidence of syphilis."—*Med. and Surg. Journal.*

## Therapeutic Notes.

IN DYSPEPSIA WITH ACID ERUCTIONS  
AND DEBILITY.

℞ Ammon. carbonat., 5 grains.  
Tinct. auranti, 1 drachm.  
Infus. chirtseæ, 1 ounce.  
Aquæ, 2 ounces.  
Make a draught to be taken night and morning.—*Western Med. Reporter*.  
Or:  
℞ Sodæ bicarbonat, 120 grains.  
Spts. ammon. aromat, 1 drachm.  
Tinct. zingiberis, 1 ounce.  
Infus. gent. co., 8 ounces.  
Mix. A sixth part three times a day.  
—*Ibid.*

CAMPHORATED CHLORO-TANNATE OF  
IODINE

Is the name given by Dr. Q. C. Smith, of Austin, Texas, to the following preparation which is used as a tonic application of bleeding ulcers and cancers at the cervix uteri:

℞ Chloral hydrate, 1 drachm.  
Iodine,  $\frac{1}{2}$  drachm.  
Oil of camphor, 4 drachms.  
Dissolve and add sufficient tannic acid to bring the mixture to the consistency of a thick syrup.—*South Prac.*

## INJECTION FOR SCIATICA.

Lereboullett recommends in cases where morphia is badly borne the following solution for hypodermic injection—

℞ Morphæ hydrochlor,  $\frac{1}{2}$  grain.  
Atropiæ sulph., 1.6 grain.  
Aquæ destillat,  $2\frac{1}{2}$  drachms.  
Ten to fifteen minutes every six hours.—*Union Med.; London Prac.*

## TREATMENT OF PHAGEDENIC ULCERS.

Dr. Vidal, in *Concours Medical*, recommends—

℞ Vaseline, 10 drachms.  
Pyrogallie acid, 1 drachm.  
M. Make into an ointment and apply morning and evening.—*Med. and Surg. Rep.*

## INCONTINENCE OF URINE.

For incontinence of urine in children, Dr. Janeway, in *N. Y. Medical Record*, recommends a combination of ergot, belladonna and iodide of iron. We suggest the following formula—

℞ Tinct. Ergot, 2 drachms.  
Tinct. Belladonna, 1 drachm.  
Syr. iodide iron, 1 ounce.  
Simple elixir, 1 drachm.

M. One teaspoonful morning, noon and bedtime to a child 10 years old.

## IN HEART-BURN AND ACID ERUCTIONS.

The following lozenges are superior to the officinal bismuth lozenges—

℞ Bismuth subnitrat, 720 grains.  
Magnesiæ carbonat, 2 ounces.  
Calciæ carbon. præcipitat, 8 ounces.  
Sodæ bicarbonat, 300 grains.  
Sacchari albi, 14 ounces.  
Acaciæ gummi, 220 grains.  
Mucilag. acaciæ, 1 ounce.

Divide into 360 lozenges, and dry them with a moderate heat. From one to six lozenges may be taken at a dose.  
—*Ibid.*

## IODOFORM IN ULCERS.

Dr. Wade, in *Detroit Clinic*, says: In the treatment of ulcers, the cause, if possible, being otherwise removed, I have found no other application to equal the following:

Take of—

Iodoform, powdered, 30 grains.  
Sub-nitrate of bismuth, 60 grains.  
Chloral hydrate, 15 grains.  
Glycerine, 2 ounces.  
Oil of rose granium, 10 drops.  
Water to make, 3 ounces.

Mix and write. Shake and apply.

## PURPURA.

℞ Vin. ferri, 4 ounces.  
Liq. arsenicalis, 10 minims.  
Syr. zingiberis, 2 ounces.  
M. Sig. One-sixth part, with three-tablespoonful of water three times a day, after meals.—*Med. Gaz.*

## DYSPEPSIA OF PHTHISIS AND EMPHYSEMA.

℞ Ext. stramonii, 3 grains.  
Ext. hyoscyami, 20 grain.  
Ext. lupuli, 40 grain.  
M. and divide into twelve pills; one to be taken every four hours until relief is obtained.—*Med. Gaz.*

## GELSEMIUM IN RHUS POISONING.

Dr. Edson reports in the *Medical Record*, July 29th, a local application for rhus poisoning:

℞ Acid carbolic,  $\frac{1}{2}$  drachm.  
Ext. gelsemii, fl, 2 drachms.  
Glycerinæ,  $\frac{1}{2}$  ounce.  
Aquæ, 2 ounces.

M. The pain speedily subsides; the burning, itching, corroding sensation ceases; within 86 hours the disease is effectually killed, and the progress to direct recovery is direct and rapid.

# THE PEORIA MEDICAL MONTHLY.

♥ THOS. M. McILVAINE, A. M., M. D.,

*Editor and Publisher,*

204 South-Jefferson Street,

PEORIA, ILL.

••• All exchanges, books for review, and communications must be addressed to the Editor and Publisher.

••• The publication day of this journal is on or about the 10th of each month  
••• To subscribers! A pencil mark at this place indicates that the time of your subscription has expired, and that a prompt renewal is urgently requested.

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## Editorial Department.

Professor Edward W. Jenks, M. D., L. L. D.

Although a Western man, Dr. Jenks has but recently moved to this state and perhaps is not as well known as his merits deserve, for this reason we have thought that a short sketch of his life might be of special interest, especially to our Illinois readers:

Born in Ontario County, New York, in 1833, he moved with his father to Indiana in 1843. His early education was gained at the La Grange Institute and from private tutors. His medical education was received at the medical department of the university of New York, at the Castleton Medical College in Vermont, where he graduated in 1855, and at the Bellevue College in New York from which he received the *ad eundem* degree in 1864. In the latter year he removed to Detroit, Michigan. While in Detroit he was for four years an editor of the *Review of Medicine* and Professor of Obstetrics and Diseases of Women in the Detroit Medical College and president of the faculty. During part of this time he lectured during his vacations on the the Surgical Diseases of Women in Bowdoin College, Maine. In 1879 he was chosen to succeed Dr. W. H. Byford as Professor of Gynecology in the Chicago Medical College, which chair he held until a few months ago.

Among many other society connections which Dr. Jenks has formed we may mention that he is a correspond-

ing member of the Gynecological Society of Boston, fellow of the Obstetrical Society of London, the Cincinnati Obstetrical Society, and the American Gynecological Society, of which he was one of the founders.

Dr. Jenks has written no extended work upon the subject of his labors, but the papers he has written for the societies and journals, mark him as one of the most pleasing and thorough writers in the country. Indeed, so exhaustive are his contributions to Gynecological literature, each monograph is fitted to stand as a complete chapter in the future Encyclopedia of Gynecology. Among the most important of these papers we might mention: "The Causes of Sudden Death of Puerperal Women," "Perineorrhaphy, with Special Reference to its Benefits in Slight Lacerations and a Description of a New Mode of Operating," "The Relations of Goitre to the Generative Organs of Woman," "Atresia," "The Treatment of Puerperal Septicæmia by Intra-Uterine Injections," "Coccygodynia," and the last, "The Practice of Gynecology in Ancient Times." In concluding this hearty sketch we shall append a short article from the *Michigan Medical News*, as showing the esteem in which Dr. Jenks is held in his old home of Detroit, and outlining his future work:

We are very much pleased to learn that our former townsman Dr. E. W. Jenks, who recently resigned the Professorship of Gynecology in the Chicago Medical College has put into execution a plan which we have known him to have long entertained, viz.: the establishment of a private hospital for the treatment of the diseases of women. The location of this hospital is at Geneva, Illinois, and the institution will be known as "Springbrook." A large circle of friends, both professional and lay, in this city and state, who were cognizant of Professor Jenks' intention to withdraw from the Chicago Medical College for upwards of a year before he tendered his resignation, had indulged the hope that he would return to this city where there are so many considerations to entice him. He has found, however, that with the relief from the onerous duties which devolved on him in connection with the Chicago Medical College his health has sufficiently recuperated to permit of his carrying out the long cherished scheme above indicated and he will remain in Illinois, holding regular daily office

hours in Chicago and returning each day to the Sanitarium. His well earned reputation as a gynecologist and his extensive acquaintance are sufficient to guarantee the success of his new enterprise from the very beginning.

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#### Obituary.

Dr. Josiah R. Snelling was the son of General Snelling U. S. A., the founder of Fort Snelling, which still bears his name, between St. Paul and Minneapolis, Minn.

At this place Dr. Snelling was born about fifty-five years ago. He received a good preliminary education, and graduated at Rush Medical College, Ill., February 7th, 1850. After practicing a few years in the western part of this state he removed to Peoria about twenty years ago, where he resided until his death.

A very quiet, retiring, almost diffident man, Dr. Snelling never attained a large practice, and many of the best years of his life were spent in a struggle to support and educate his family of four daughters. Those who became intimately acquainted with him found him to be a man of wide reading, an excellent memory, and courteous wit, and such will greatly deplore his death. He was elected County Physician of Peoria County a number of times and gave general satisfaction, as was evinced by his numerous re-elections.

His death had been poor prior to his death, Sept. 13th, 1882, but he was only confined to his house about three weeks. The cause of death, as proven by a post-mortem examination, was chirrrosis of the liver. The Peoria Medical Society passed the following resolutions of respect to the memory of the deceased :

WHEREAS, We are again called upon to record the death of a colleague, be it

*Resolved*, That in the death of Dr. J. R. Snelling the medical profession has lost a worthy and useful member, his family a kind and affectionate father, and this city a faithful citizen.

*Resolved*, That the sympathies of this society be tendered to the daughters of our late friend, and that we will at all times do whatever may be in our power to promote their welfare and comfort.

*Resolved*, That the members of this society attend the funeral in a body, and that a copy of these resolutions be given to the daily papers and placed on the records of this society.

ROBERT BOAL, M. D.,

H. STEELE, M. D.,

T. M. McILVAINE, M. D.

Committee.

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#### Notes and Comments.

Dr. Cummings has removed from Moravia, Iowa, to Centerville, Oregon.

Dr. T. E. Webb, formerly of Shelton, Neb., has located at Carbon, Wyoming Ter.

Dr. W. H. Smethers has changed his address from Moline, Kan., to Topeka, Kan.

Dr. J. A. Clutten has removed from Terre Haute, Ind., to Benton, Franklin County, Illinois.

The British army in Egypt will use "blue goggles," 25,000 having been ordered for use. Wonder how they will match the "Red Coats?"

"What would you do sir," asks *Punch*, "If you were called to see a man who had hung himself?" "I would cut him down." Then what would you do?" "I would cut him up."

In the October issue we will print a letter from a prominent dentist on the subject, "Dental Plagiarism, or Amalgam Poisoning." It contains some startling statements, and will prove very interesting reading.

Twenty-five county societies of New York have so far expressed themselves on the "new code," of these twenty-four have directly repudiated it. This is nearly unanimous, but in the other direction from the prophecy of the *Record*.

An Irish woman needing some silk and tape sent her husband for them. The silk was shown, but the buyer thought the price too great. The clerk explained that all silk goods were dear owing to some disease at that time prevalent among silk-worms. The tape was next exam-

ined, and Mr. Irishman thought that, too, a little stiff as to price. "And, indade, sir," says he, "is there likewise a dezaze a prevalin' among the tape-worms."—*Obstetric Gazette*.

The forty sets of charts received and sent out the past week were not enough to go all around. More are expected daily, and will be forwarded at once. We thank our friends for the patience exhibited, and hope they will be pleased with their charts.

A physician fell into a fit while making his round of visits and is carried into a drug store. "Send for Doctor X," says somebody. "No, no," says the dying man feebly at the mention of his rival's name, "If he brought me round it would advertise him. I prefer to die."

How the Electric Medical Journals do howl about "Allopathy!" Some of them take up about all their space in fighting the ghost which they themselves set up. Would it not be better if these journals would devote more space to the healing art and less to such ridiculous fan-faronades?

The MSS. works of the physician Galen, which were supposed to be lost, have been discovered in Salonica by a M. Papageorges. They dated from the fifteenth century and appear to have originally formed 248 sheets; 144 are in good condition, twenty-four are mutilated or worm-eaten, and eighty are missing.

According to the phraseology of a local paper, a man in Minnesota recently died from what was pronounced to be leprosy by "physicians of the most hideous appearance." The latter are probably the kind of medical men referred to in an advertisement, quoted by us some time since from a Southern paper, for a "Second hand doctor's buggy."—*Collège and Chemical Record*.

The Eighth Annual Meeting of the Tri-State Medical Society will be held at Terre Haute, Ind., September 26th, 27th and 28th. We regret that space will not permit the printing of the programme in full. It comprises some fifty titles of articles to be read, and is as interesting a

“bill of fare” as could be furnished by any society. The papers are limited by rule to twenty-five minutes, and some to fifteen minutes. Reductions have been secured from the railroads, also from hotels. Those intending to be present are requested to notify Dr. J. E. Link, Terre Haute, Chairman of the Committee of Arrangements. The officers of the society this year are: Dr. J. M. Holloway, Louisville, Ky., President; Dr. G. M. Burton, Mitchell, Ind., Secretary; Dr. F. W. Beard, Vincennes, Ind., Treasurer; Dr. Wm. Porter, St. Louis, Mo., Chairman of Committee of Programme.

A well-known medical man of this city was called up by telephone the other day, when the following conversation took place: “It has come doctor.” The doctor thought he knew the voice, and, wondering why he had not been sent for, shouted back: “Is it all right?” “It’s a very small pattern,” answered the voice, which was that of a woman, “but it will do if we take pains.” The doctor caught the last word, and called distinctly: Give it paregoric?” The was a mumbled discussion which he could no hear, and then the voice called: “Is this Doctor —?” No! It’s Doctor — of Fort street.” Then he heard a chorus of mirth, and was informed that he was in communication with a fashionable dress-making house and it was a silk dress for Doctor —s’ wife that was under discussion, and that he was the wrong man, which, under the circumstances, was rather a relief to the Fort street physician.—*Daily Paper*.

The report just received of the Observatory at Yale College, shows that more than double the number of physicians’ thermometers were tested at that institution last year over the year before. So great errors have been found in some instances, that hereafter the physician who reports an extreme of temperature will be in duty bound to report whether or not his thermometer is a reliable one. One instrument was found that was *four and one-half degrees* out of the way.

Public opinion has already reached the point when it demands that the physician shall have a thermometer; it will not be long when it will require that his thermometer be a tested one. A case that recently occurred in the

writer's practice will serve to illustrate the fact that the hand is, under certain conditions, a very poor test of temperature. We were called hastily to see the patient of another physician, during his temporary absence. The patient was dying. The pulse was 240 per minute, and the temperature 106 degrees in the axilla, *by a verified thermometer*. The attending physician came in just as the instrument was being withdrawn, and, after examining the patient, expressed the opinion that the temperature was *sub-normal*. He is a skillful practitioner, and never depends upon his temperature sense, knowing too well how fallacious it is. The patient died within an hour.—*Columbus Med. Journal*.

A medical society has been organized in Grundy county, with Dr. A. F. Hand, president; Dr. A. E. Palmer, vice president; Dr. S. J. Ferguson, secretary; and Dr. A. D. Smith, treasurer. It will, probably, unite with the Will county society soon, as both societies are anxious for such a union, and will then have about forty members.

Certificates of practice entitling the holders to practice medicine and surgery in Illinois, have been issued to the following named practitioners, by the State Board of Health:

E. L. M. Bristol, M. D., Chicago, Illinois; diploma of Jefferson Medical College, Philadelphia, Pennsylvania.

Albert Beasley, M. D., Grand Tower, Illinois; diploma of Missouri Medical College, St. Louis, Missouri.

Julius H. Dietrick, M. D., Chicago; diploma of Swiss Medical College, Zurich, Switzerland.

Albert DeLipay, M. D., Chicago; diploma of Medical Department University of Michigan, Ann Arbor, Michigan.

William A. Johnston, M. D., Peoria; diploma of Medical Department University of Pennsylvania, Philadelphia, Pennsylvania.

Charles H. McGorray, M. D., Chicago; diploma of Medical Department University of Michigan, Ann Arbor, Michigan.

A. J. McIntyre, M. D., Thompsonville, Illinois; diploma of Medical Department University of Michigan, Ann Arbor, Michigan.

Patrick McCambridge, M. D., Springfield; diploma of Missouri Medical College, St. Louis, Missouri.

J. M. Patton, M. D., Oak Park, Illinois; diploma of Medical Department University of the City of New York.

Isaac N. Ruddell, Charleston, Illinois; diploma of Medical Department University of Louisville, Kentucky.

Thomas C. Rivers, M. D., Chicago; diploma of Medical Department University of Louisiana, New Orleans, Louisiana.

Ernst P. Raab, M. D., Highland, Illinois; diploma of Medical Department University of Pennsylvania, Philadelphia, Pennsylvania.

M. M. Robinson, M. D., Enfield, Illinois; diploma of Kentucky School of Medicine, Louisville, Kentucky.

M. F. Spalding, M. D., Kimmswick, Missouri; diploma of St. Louis Medical College, St. Louis, Missouri.

Carl. F. Sandberg, M. D., Chicago; diploma of Christiana University, Norway.

Dr. H. Saguin, Amboy, Illinois; certificate of twenty-four years' practice.

Dr. John A. Simmerman, Lane, Illinois; certificate of twenty-seven years' practice.

Edward K. Tyler, M. D., Illinois City, Illinois; diploma of the Medical Department, Iowa State University.

Frank A. Wyant, M. D., Pullman, Illinois; diploma of the Medical Department University of Michigan, Ann Arbor, Michigan.

David A. White, M. D., Oak Grove, Illinois; diploma of the Ohio Medical College, Cincinnati, Ohio.

Charles F. White, M. D., Wayne City, Illinois; diploma of the Missouri Medical College, St. Louis, Missouri.

### Receipts.

To save the time and expense requisite for sending a formal receipt to subscribers, we have for some months past adopted the plan of printing in this place the name of those from whom money has been received during the preceding month. Those remitting will please note whether their names are included in the lists, and if they are not will notify us by card:

ILLINOIS. — Drs. Lee Smith, A. L. Brands, D. S. Jenks, F. W. Bullock, J. R. Baker, J. P. Johnson, I. S. Hughes, B. F. Harris, L. L. Leeds, Ed. Swisher, D. W. Aldrich, A. R. Warren, C. Shrader, R. P. Jennings, E. L. McKinnie (2 years), F. M. Casal (2 years) S. D. Culbertson, G. B. Garrison, L. E. Keeley, A. M. Van Derslice, G. E. Luster, J. H. Wallace, Hon. Thomas Cratty, Drs. N. E. Ballou, W. T. Williams, D. P. McClure, P. E. LaBarriere, Thomas A. Horrine, D. W. Magee, H. T. Hardy, W. D. Karns, W. H. H. King, J. Paine, W. F. O'Brien, W. C. Byington, A. G. Humphery, L. W. Carter, C. D. Henton, F. G. Steever, A. L. Craig, J. W. Hensley, A. W. Edmiston.

IOWA — Drs. J. A. Scroggs, W. H. Davis, J. R. Miller, J. M. Schee, R. W. Huston, A. H. Connett, H. C. VanWerden, J. E. & T. P. Stanton, J. Roberts, J. S. Ormiston, J. C. Williams, John A. White, O. E. Evans, H. C. McCoy, B. M. Torrey, R. L. Boon, J. Richardson, H. L. Cokenower, W. H. Merritt, J. M. Randall, C. H. Hamilton, J. W. Eckles, S. R. Bergen, William Ott, S. P. Black, D. H. Worthington, J. D. McVay.

MINNESOTA. — Drs. S. C. McCormick, F. H. Welcome, I. J. Stone, E. A. Holmes.

KENTUCKY. — Drs. J. Ed Ray, O. H. Buck, R. H. J. Davidge, Stirman & Stirman, J. G. Brooks, J. A. Farabrough, R. J. Howard, C. H. Hubbard, J. L. Owens.

MISSOURI. — Drs. W. A. Monroe, J. K. Lusk, J. W. Dunlap, J. Seevers.

PENNSYLVANIA. — Dr. J. K. Park.

ARKANSAS.—Dr. P. O. Hooper, W. J. Pinson, R. W. Lindsley, W. C. Montgomery.

WISCONSIN.—Drs. J. C. Hall, J. J. Sherman, J. M. Boyd, J. W. Chamber.

MISSISSIPPI.—Dr. J. J. Gage.

WEST VIRGINIA.—Dr. S. L. Barber.

INDIANA.—Dr. G. W. Carpenter.

NEBRASKA.—Drs. S. W. Dodge, O. C. Reynolds.

MICHIGAN.—Dr. A. Garwood.

INDIAN TERRITORY.—Dr. H. W. Fannin.

KANSAS—Dr. J. Leigh.

### Wanted.

A regular physician to take a good country practice. No better anywhere. Write or call at once. Must sell by October 10th. Only \$150 wanted for the practice and office building.

WATSON & MCKENNAN, Druggists,  
New Holland, Logan County, Illinois.

### Some Things That May Interest You.

I have used S. H. Kennedy's Concentrated Extract *Pinus Canadensis* in some affections of the rectum, vagina and cervix uteri. I have used it considerably diluted, as a vaginal wash, with great success; but I prefer to apply it to the os tincæ on cotton wool, either pure or mixed with glycerine, or glycerine and rose-water. Thus applied it should remain intact for two or three, or even four days and then be renewed. In this way I have seen chronic granular vaginitis remedied in a few days that had resisted the ordinary remedies for weeks; and have seen granular erosions, with leucorrhœa, disappear very rapidly under its use. I have not time to do more than call the attention of my professional brethren to this new extract, which I am sure will soon be recognized as a valuable addition to our *Materia Medica*.

J. MARION SIMS, M. D.

267 Madison Avenue, New York.

—From the *Medical Gazette*.

ST. LOUIS, MISSOURI.

I frequently prescribe CELERINA when I want to use a reliable compound of celery and coca, and the prescription has given me satisfaction in its results as a nerve tonic in many cases.

Yours very truly,

C. H. HUGHES, M. D.

Lecturer on Psychiatry and Neurology, Post-Graduate Faculty, St. Louis Medical College, Editor *Alienist and Neurologist*, etc.

THE art of sugar-coating pills so as not to impair their solubility, but to preserve the composition, keeping it soft and plastic, has acquired for Messrs. Warner & Co. a world-wide reputation. Physicians may rely upon the purity of the drugs used, and upon the mathematical nicety in which their pills, "granules," and "parvules" are divided. Every doctor may be his own druggist, and at the same time save himself the drudgery of it by using WARNER'S preparations. A bottle of Quinine Pills recently sent us by this firm satisfies us that this firm is fully maintaining its reputation.—*North Carolina Medical Journal*, July, 1879.

# THE PEORIA MEDICAL MONTHLY.

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VOL. III.—OCTOBER, 1882.—No. 6.

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## Original Communications.

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ART. I.—Dental Plagiarism, or Amalgam Poisoning. Its Origin and History.—By I. PAYNE, D. D. S., Dwight, Ill.

My attention has just been called to an item in the last issue (August 1882) of your journal, under the caption of "Mercury Used in Dentistry," to which I wish to say a few words in reply. The author of the item referred to, holds out the idea that the discovery of this peculiar kind of poisoning belongs to him. As a matter of simple justice, allow me to say that whatever credit there may be in the discovery of the fact that amalgam in the teeth produces chronic poisoning and is ruining tens of thousands of people, is *my personal property*, the discovery having been made by me so long ago, that the period at which it was made antedates the time when the writer above referred to was wrapped in swaddling clothes.

It is some thirty-eight years since I commenced agitating this question. It was when I first ascertained the composition of amalgam that I made the statement to a dentist that such material was liable to poison the patient, but he said it was impossible. I then asked him if he knew how calomel was made? He said he did not. Then I asked him if he knew how corrosive sublimate was made, and again he gave me a negative answer. Then I

said, "How do you know that amalgam plugs in the teeth will not poison the patient?" He said, because he knew it wouldn't. I then explained to him the process by which the poisoning was liable to take place. I said that whenever mercury and chlorine came in contact at *common temperatures*, a combination takes place and the result may be calomel, or it may be corrosive sublimate. "Now," I said, "the fluids of the mouth contain chlorine and more than half of common salt is chlorine, and now that he had placed in the teeth the other element (mercury) and the mouth would become a chemical laboratory for manufacturing corrosive sublimate, one of the most deadly of all metallic poisons." I said furthermore that the process would be so slow and gradual that the symptoms would at first be so slight as not to attract attention. This was my theory and some years afterward I wrote an article on the subject, and entered minutely into all the details of the symptoms that would follow that peculiar kind of poisoning. I showed how the patient would gradually go into a decline and would for a long term of years slowly waste away, and that there would be nothing whatever to guide the medical practitioner in forming his diagnosis as to the nature of the trouble. I even went so far in that paper as to say there would be a brassy taste in the mouth, and that water would flow from the mouth in the night, while asleep, so as to wet the pillow. I also stated that the metallic taste would *not be constant*, as the plugs would be liable to become oxidized or turn black, and when that took place the metallic taste would stop for the time, or be diminished until the crust formed by the oxidation was rubbed off by brushing the teeth; or otherwise, when the chemical action would again be revived, and again the patient would be poisoned. I advised the medical practitioner when he had a case where the patient had gradually gone into a decline without any apparent cause, and when the case did not respond properly to medical treatment, and thus baffled his skill, I advised him under these circumstances, to examine the teeth for amalgam plugs. And I said if there was amalgam in the teeth, and if there was no metallic taste at the time, and the plugs were

black, that if the doctor would scrape one of the plugs bright, and direct the patient to put the tongue to the plug, if it then produced the metallic taste he might rest assured that his patient was poisoned by the plugs, and that the removal of the plugs and the use of antidotes for poisoning from corrosive sublimate, such as raw eggs, would restore the patient to health. It is more than a quarter of a century since I wrote the article setting forth the above facts, for all of which I was only ridiculed and laughed at. It is true, it was then only theory; I had never seen a case such as I had described.

But in 1867 my theory was fairly put to the test, and the truth of what I had written was practically demonstrated, and all the facts precisely as I had detailed them were brought to light. I was then and had been for a long time a practicing dentist in St. Louis, Mo. One day a young lady was brought to my office to have some teeth filled. She was in very poor health and as frail as a morning glory. She was under treatment of a prominent medical professor of St. Louis, who was completely baffled, as he could get no possible clue to the cause of her long illness.

Her story was, that some seven years previous to the time I saw her, she had gradually commenced declining and had continued to do so ever since, without any apparent cause. A good while before this time I had found that the amalgam question was destined to get me into a war with my brother dentists, nearly all of whom were using it extensively, and as it was only theory with me, I had thrown it aside and quit talking about it, and had dismissed it from my mind. The lady continued to call on me occasionally for dental operations, and she still continued to grow more and more feeble, and although I knew she had amalgam in her teeth, and though many of her symptoms seemed to be familiar to me, yet without knowing how they should be, it never occurred to me that she was a victim of the peculiar kind of poisoning that I had long before described in my written article. I had, at our first acquaintance, made the statement that some hidden agent was undermining her constitution and was

gradually sapping the vital powers, and that if her physician could ascertain the cause of certain symptoms which I mentioned, I thought it might lead to her recovery, and she bore a message to this effect from me to her doctor, but he treated it with indifference. Many months later, seeing that she was gradually failing, and seeing that additional symptoms had made their appearance, at my suggestion she again requested her doctor to try and ascertain the cause of these new symptoms, but as before, he turned a deaf ear to all such entreaties. Strange as it may seem, it was then arranged that I should undertake an investigation of her case myself, but why I should step outside of my regular line of business and undertake a case that I knew nothing about, was something I could not then, nor cannot to this day understand. I only know what I did and the results that followed. At my request my efforts were to be strictly confidential and the family physician was to know nothing of the matter. The first step I took was to engage a professor of chemistry to assist me, and the professor had several interviews at my office, lasting through several hours each time, in which he would ask all manner of questions, to ascertain, if possible, the channel through which the agent had entered the system, that was destroying her. After one of these protracted interviews he would go home and consult his authorities, and then hold another interview; and in this way weeks were consumed, but he too like her other medical advisors was completely baffled, and finally said he "had reached the end of his rope," and abandoned the case in despair, and on doing so requested me that in case I got any light on the subject to call and see him.

A few days after the professor left me, while still running through my mind various theories as to the cause of the strange symptoms, all of a sudden the question of amalgam poisoning flashed through my mind, and everything was explained. I immediately had the lady brought to my office, and the answers to a few questions verified the conclusion to which I had arrived. The course I now pursued was exactly in accordance with what I had many years before pointed out in what I had written on the sub-

ject. I inquired of her how long the amalgam had been in the teeth, and her answer showed that it corresponded about with the time she had been out of health, and by circumstances which she called to her aid, she fixed the time exactly, and then she remembered that previous to that time her health had been excellent; but began to fail soon afterwards. In reply to my question as to the brassy taste in her mouth, she said she had been troubled a great deal with it, but did not have much of it that day. At my request she took the operating chair, and I said I would see if I could produce it, and on scraping one of the plugs bright, which was badly oxidized, I requested her to put her tongue to the plug, and in doing so her face was drawn into contortions like biting a green persimmon, and holding her head over the spittoon, water flowed from her mouth in a stream, as if she had been salivated. It was a very clear case, and to convince her that I was right, I then produced the old paper that I had written, and there she saw that all of her main symptoms had been minutely detailed *fifteen years before*. I then dismissed her without taking out the plugs, a thing that I greatly regretted ever afterwards, as it came near costing her her life. About midnight that night she was taken with violent symptoms, and they sent for the doctor, and when he arrived he found her in great agony and suffering from a violent attack of *dysentery*, which was to him another great mystery, as there was no apparent cause for such a disorder, and as I had still enjoined secrecy on the part of the patient and her friends until such time as I was willing to have it disclosed, they kept their word faithfully, and the doctor was consequently in the dark, and he told me afterwards that he thought she would have died before morning, in spite of all he could do. Early next morning I was sent for to go to the house and take out the plugs, as the lady was very sick and unable to leave her room. On calling at the house, her friends assisted her out of bed and into the sitting room, when I removed the fillings, being careful not to let any particles touch her tongue or mouth, and in five minutes after the plugs were removed she was better. I then told them to send for the doctor and tell him all

about it, and to put her on the treatment of antidotes for poisoning from corrosive sublimate, and she would get well. This time he followed my directions and the lady rapidly recovered, and he frankly stated to the family that I had saved her life, and that if it had not been for me she would have died, and he never would have known the cause of her death.

There is an important point in this case that ought not to be lost sight of. Owing to the peculiar constitutional condition of this lady, her *idiosyncrasy*, she was rendered highly susceptible to the action of mercury, and during her long and constantly failing health, it was a case of *slow* or *chronic* poisoning; but when I scraped the plug bright and left it in her mouth, in consequence of her susceptibility, it was no longer a case of slow poisoning, but had assumed the *acute* form and had brought on the dysentery, as the doctor found. By reference to works on Medical Jurisprudence and also works on Poisons, such as Christian, Taylor and others, it will be seen that in the acute form of poisoning from corrosive sublimate, one of the leading symptoms is *dysentery*. The two plugs taken from this lady's teeth, which I still have in my possession, weigh less than four grains.

I had supposed that another case like this would not likely be met with in a whole lifetime, where a patient was so susceptible to the influence of mercury as the one in question, but in this I was mistaken. In another case that came into my hands, the patient was pronounced by several physicians to be in the last stages of consumption, and there was every indication to warrant the diagnosis. This lady, too, was very much reduced and barely able to walk, and her cough and other symptoms seemed to leave no doubt of her case being consumption. Having occasion to extract a tooth for her, I discovered a number of her teeth filled with amalgam, and knowing that mercury would produce consumption, my suspicions were immediately aroused, and I began to interrogate her, as I did the other lady, and it proved to be another case of amalgam poisoning. As in the other case, the plugs in this instance were highly oxidized, and in making my tests, I scraped

one of the plugs as before, and left the plug in the tooth, and she too was taken violently sick between midnight and daylight, and they had to call in their doctor, and in the morning sent for me to go to the house and remove the plugs. This lady had always enjoyed the best of health until after the teeth were filled with amalgam, and shortly afterwards her health began to fail. Her first symptoms were *fainting fits*, and the first one she had she fell in the street. This is one of the leading symptoms of poisoning from *small quantities* of mercury. The next symptom was sickness of the stomach and loss of appetite and gradual wasting away, and finally the cough set in and was so bad as to throw her into spasms. All these symptoms, and many more, continued to increase in force for seven or eight years, until she was a complete wreck. At least a dozen doctors had seen her, and they said she could not possibly live a year. I assured her that all of her sickness came from the amalgam and that she would recover. It is now more than ten years since I removed the amalgam, and she is not dead yet, but on the contrary, got married and has several children.

Now, we have in these two cases this caution : Never to scrape one of the plugs bright and leave it in the mouth over night. When the brassy taste annoys the patient by daytime they can spit, but while asleep late at night this poisoned saliva all goes into the stomach. Now it is often the case that these plugs get loose and are swallowed. There is not the least doubt in my mind but that a great many of the violent deaths that are met with are caused just in this way. I have weighed some of these plugs that weighed *thirty grains*, and at least two-thirds of this was mercury.

Now, if certain chemical combinations take place in the stomach by which less than one-fourth of this mercury is converted into corrosive sublimate, the patient has a fatal dose and is liable to die with all the symptoms of dysentery. If the quantity generated is a little larger, then the symptoms will resemble those of cholera, and if the cholera is about the patient would be treated for that disease, while at the same time he is dying from the effects of an amalgam plug in the stomach. But I care not whether the

plug undergoes any chemical change at all. It is in an *oxidized* condition; and mercury when oxidized is *always* *poisonous*. And we may regard it in still another light. It is liable, and in fact almost certain, to become *vaporized*; and that means *paralysis*, *shaking-palsy*, the same as is experienced among the manufacturers of looking-glasses, etc., and a long list of other maladies too numerous to mention here. The man who has amalgam in his teeth has a *miniature quicksilver mine in his mouth*, and the mouth becomes a *reduction works for extracting the metal from its connection with the other component parts*.

And the dentist who mixes and rubs the amalgam in the palm of his hand, as they all do, is rubbing into his blood a subtle agent that will undermine his constitution, and, before he is aware of it, will steal away his health; and hence we see at the dental chairs all over the country puny, weakly, pale, hump-shouldered, narrow-chested, dilapidated specimens of humanity, that haven't strength enough to pull a tooth, and numbers of them dying of paralysis and consumption. But I am digressing, and must return to the history.

Some ten days after the amalgam was removed from the teeth of the St. Louis lady, the facts were published in full in the St. Louis *Democrat*, June 6th, 1867, and so widely copied by other papers that I was written to from various cities of the United States, by dentists and others, congratulating me on the discovery I had made and the benefits that would accrue to the public.

[TO BE CONTINUED.]

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ART. II.—Congenital Fibromatous—Lipoma of the Foot.—A Paper read before the McLean County Medical Society by S. T. ANDERSON, M. D., Bloomington, Ill.

GENTLEMEN:—You will remember the lad who was present at our last meeting for advice concerning an abnormal growth upon his foot.

I may say of this abnormality, that it was congenital, and originally included the second and third toes, the nails of which were imperfectly developed, and presented on the under surface of the terminal phalanges. These nails, to-

gether with a slight depression along the dorsal aspect, gave the only evidence that the two toes were enveloped in the unnatural casing. About three years since the toes were removed, but a portion of the pathological structure was allowed to remain. This had developed about in proportion to the growth of the patient—who is now seven years old—and, projecting beyond the metatarso-phalangeal articulation, presented an extremity of globular appearance, and somewhat larger than a goose's egg.

It's dorsal attachment appeared to be about the middle of the second and third metatarsal bones, and it's plantar terminus about the base of the bones above named.

When the lad came before the society various opinions were given as to the nature of the growth and the best method for its removal, and among the latter *chopart's* operation was named. The fear of hemorrhage was entertained if an attempt should be made to dissect the tumor from its attachments. This danger, I am informed by Dr. Lackey, was feared by the surgeons at the time of the prior operation, they believing the growth to be possessed of great vascularity. Fortunately this was not true to the extent suspected by these gentlemen. However, the apprehension of free hemorrhage was not entirely unfounded, for if the deeper parts of the growth should enclose the plantar arch, or lie in close relation thereto, some difficulty might be experienced in so conducting the dissection as not to wound the arch or its more important branches. Some days after seeing the boy, Dr. Wm. Hill, of this city, proposed that I should join him in an attempt to remove the tumor without amputating the foot, and I readily assented. After Dr. Reedy had gotten the patient anæsthetized, Es-marck's bandage was applied and the operator commenced by an incision on the dorsal surface, drawn from between the second and third metatarsal bones, and about their middle, extending obliquely outward to near the fourth toe, and along the plantar surface to a point corresponding with the commencement of the incision. A second incision was then made corresponding to the first, only that it was drawn toward the great toe, and thence toward the ter-

minus of the first line, so as to include a large oval mass intended for removal.

As the dissection began the mass appeared as if pure fat on the dorsum of the foot, but soon denser tissues were encountered which cut almost like cartilage, while numerous fibrous bands gave a greater degree of adhesion than we had anticipated. No blood was lost during the dissection, but afterward we found it necessary to ligate several arteries, especially on the plantar surface. The fibrous bands in this locality penetrated deeply and were in intimate relation with the plantar arch and the communicating branch of the *dorsalis pedis*. We were obliged to draw the tissues well forward and carefully detach the growth. The large piece which I show you weighed five ounces. Besides this, a number of small pieces were removed, but not preserved.

Concerning the name of the formation, let me premise this: Every tumor should have a name corresponding to the predominant tissues found therein. Tumors should be named as we name diseases. For example, we have typical typhoid fever; we also have a typhoid state to which seems added malarial phenomena, and hence we speak of "Typho-malarial fever."

Well, we found a large amount of fatty tissue, yet did we follow the eminent Dr. Gross, we could not say we had a lipoma, for this authority says fatty tumors may occur "in any part of the body, with the exception, perhaps, of the palms of the hands, sole of the foot, the fingers and toes." Other eminent men declare that lipomata may occur *congenitally* in the location where this one was found. I prefer to be guided by the rule I have just given.

In summary, the microscope revealed,

1st. Abundant pathological fat.

2d. Fibrous bands of great and lesser density.

3d. A small number of cartilage cells in certain localities.

Conclusion: As fatty and fibrous structures predominate, we have a *fibromatous-lipoma*, or, if you like a plainer name, a *fibro-fatty* tumor.

Results of operation excellent.

ART. III.—A Case of Congestion and Induration of the Mammary and Axillary Glands, Presenting some Peculiar Features; Treatment and Recovery. BY G. W. CARPENDER, M. D., South Bend, Indiana.

March 13th, 1882, I was called to see a Mrs. B., who had been an invalid about ten months. Having passed under treatment of two or three of our well informed physicians and given up as a case beyond their knowledge either to diagnose or help. I found her suffering with her breasts and left arm. The breasts were atrophied, and had very much the appearance of hemlock-tanned sole leather, dried and hard, and fully attached to the costal integuments. The left nipple was sore and very sensitive; could not bear to have it touched. About two inches below it was a large (what appeared to be) mole, black and ugly to look at. The left arm was swollen two or three sizes and full of pains and aches, and appeared to contain water, and could be raised only about to an angle of twenty degrees. In the axilla there was, deep down in the fossa, a hard substance bearing the feel of a schirrus the size of a butternut. The face was dark, sullen and shrunk, with some cachectic appearance. Yet I did not like to believe her disease to be cancer, though it had been so called by some. In studying the case I found that about eight years ago she had a broken breast on her right side, and had not enjoyed very good health since; was subject to congestive chills, and ten months previous to my visit had had two in close succession, and from them had arisen the sequels I had found. I pronounced the case to be congestion and induration of the glands, both mammary and axillary, followed by a stoppage of the venous circulation and atrophy of the breast, and dropsy of the arm was the lesion to be overcome. The indications of cure were, first, dismiss the induration and thereby restore the circulation of the veins; and secondly, invite the blood to the cutaneous and other tissues.

I began by the use of hot air and vapor (administered in one of E. E. Hackney's constructions, of this place), maintaining the heat at 160 degrees Far. for twenty-five minutes, three times a week. Cleansed the *prima-via* with an

emetico-cathartic operation, and locally applied over the breast and arm a wash prepared of sul. acid, alcohol and olive oil, followed by a plaster of glycerine and starch or flour. The acid, alcohol and glycerine having such an affinity for water, called to the parts that essential. After a few weeks the skin put on a more healthy appearance, but yet the swelling not disappearing from the arm I applied to the axilla a plaster of chloride of zinc, arsenous acid and flour for ten days causing a deep slough; suspended the arm in a sling, raising it to an angle, or about 45 degrees above the horizon for about eight hours out of the twenty-four, keeping mostly in bed. This treatment with an occasional laxative and diuretic with anti-periodic treatment has so far accomplished the work that the arm is reduced to almost natural size. The atrophied parts are movable and filling up with a lively flesh appearance. The mole has sloughed out; the nipple has shelled off and healed; the schirrus came out about the size of a half orange, and the general complexion is as good as most people. She can now use her arm to dress her hair, with every prospect of full recovery. I still keep the axilla open, and am continuing treatment. To keep open the sore I have used chromic acid, sul. zinc and acid arsen.

In this hasty and brief way of preventing a very difficult case I have necessarily left out much that was auxiliary to the success, and such as perhaps would not meet the indications of another case.

In a case of such type I consider the prime indications of cure to be toward the skin, and I have never been able to meet such without the use of hot air and vapor, and for my use the Hackney bath has been the best, as it meets all the indications at very small expense, and can be kept conveniently in one room of a physician's office or house. In an experience with it of five years, during which time I have had occasion to administer such treatment thousands of times, I am led to recommend to my brethren her cabinet, and I think no physician has the whole armor of his profession without one.

ART IV.—A Peculiar Case Peculiarly Handled. By F. L. SEARLES, M. D., Hartley, O'Brien County, Iowa.

March 4th I was called to E. H. Edwards, aged nine. Found child languid, limbs painful and stiff. Extensor muscles of left leg much swollen; a bright red eruption over joints and buttocks; pulse and temperature normal; appetite fair; bowels regular; urine contained slight traces of albumen; feet wet day previous; vaccinated about three weeks ago from an aunt's arm. I examined the aunt, who gave no history of any skin disease.

When asked for diagnosis I told them not to worry, as he was not poisoned from vaccination, and when pressed told them a form of rheumatism. Prescribed sodium salicylate 4 grains, and quinine sulp. 1 grain, every three hours. Spts. eth. nit. and tincture digitalis; take of each three drops every three hours.

March 5.—No improvement. Muscular swelling of left limb extending from hip to end of toes, and beginning on the other; eruptions changing, some fading, others turning a dark blue, and diffused, somewhat like the ecchymosis from a bruise; bowels moved naturally; upper lip and eyes slightly swollen; albumen increased slightly, 1-25 per cent. The remaining three children had scarletina in Dec., 1881. This one felt "dumpish one day." When asked if I still thought it rheumatism, I told them it was, but that the kidneys were affected and he might have acute nephritis in connection with his present disease. Gave in addition to his previous treatment hydrarg cum creta 3 grains, pulv. jalap 3 grains, morning and evening.

During the day a Homœopath was called in, and I was told he diagnosed, "Poisoned by vaccine virus, and the child would never get well as it had the bad disorder." Nevertheless he gave dilute moonshine and came daily for three and a half weeks, then he magnanimously gave the boy up to die.—A fearful lesson to those who steal their vaccine; also to aunty.

March 27.—An Eclectic Æsculapius was called, who noticed "marked cerebral disturbances," and told the parents he would leave some medicine and consult with me,

so should the boy live to need more treatment I would know just what to do.

He called and informed me the boy was "rotating," as the belly of the occipital muscle would puff up, then the biceps, and so on down to the feet, a bright red eruption coming and going with the swelling, then fading and striking in, when the boy would pass bloody mucus from the bowels, and each passage attended with tenesmus and a frequent desire to go to stool. He diagnosed "cerebral spinal meningitis," and gave—

℞ Tinc. nucis vom.,	20 drops.
Tinc. aconite,	5 drops.
Aqua,	4 ounces.

Sig.—One drachm every 2 hours. Also—

℞ Potas. iodid.,	2 drachms.
Com. syr. sarsap.,	4 ounces.

M.—One drachm every four hours.

April 2.—The boy's father came to me and wanted to know what to do, as he presumed the eclectic had thoroughly posted me. I advised him to keep on and give the last man a chance, "but the improvement was down hill."

As he plead pathetically I agreed to take charge of the case providing there was no further interference made. I found the boy much as described by the last doctor, but thought uric acid poisoning better than cerebro spinal meningitis; bowels passing much blood and mucus; little water; puffed up beyond recognition, and no eruption; urine coagulates up solid; pulse 140; temperature 101; taken no nourishment for ten days; too weak to lift his arm; slight uremic convulsions; muscular swelling slight. Gave calomel 15 grains and ordered fluid extract jalap 20 drops, twice daily, and continued the nitre and digitalis same as in the start. Also—

℞ Tinc. ferri chlor.,	1 ounce.
Tinc. nucis vom.,	6 drachms.
Quinia,	30 grains.
Spts. vini gal.,	8 ounces.

Sig. Two drachms every four hours.

The above, with the exception of hydrarg. cum creta 4 grains twice daily was the treatment continued through the convalescence.

April 3.—“Rotating” again; muscles swelling; eruption appearing; bowels moving freely and less blood; Oedema subsiding; pulse 125.

April 4.—Patient resting better; mental faculties clear; muscular swelling less than last “rotation;” urine contains less albumen; bowels still moving freely, no blood; oedema much less.

April 5.—Improving slowly; taken three ounces of milk; first nourishment for thirteen days.

April 7.—Patient improving; sat up in bed to take food; other symptoms improving; I continued the same treatment up to April 21st, increasing and diminishing the jalap and blue chalk as needed. The recovery being complete. No traces of albumen, and patient playing around the house. The above is one of eight cases of albuminuria from scarlatina here, and all have received nearly the same treatment, viz: Tinc. iron and quinia, nitre and digitalis, beginning with blue chalk as an alterative.

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**ART. V.—Rupturing of Membranes During Labor.** By JOSEPH A. STITES, M. D. Physician and Surgeon to Nye Co. Hospital and Prison. Belmont, Nevada.

It has been claimed by authors and teachers that the membranes should never be ruptured except by the dilatation of the os uteri. If we interfere with this mode of procedure, we are then meddling with nature. In many books it is laid down that we should wait until the membranes rupture, it makes no difference how long we may have had to wait, or how long our patient has had to suffer. I would like to ask them, is it right and just that we, as professional men, should sit at the bedside and allow our patient to suffer when we can relieve her, at least can assist her in her travail?

Of course, in some cases I have seen the membrane rupture when the patient least expected or anticipated that it was going to occur so soon. I am now referring to precipitated labors, for we all know that the labor is terminated long before any assistance can be rendered to the woman. Of course in a labor of that description it is hardly

necessary to employ a physician, for as a rule when the accoucheur arrives it is all over with. This is one side; now comes those cases where we are compelled to sit and wait for the dilatations, and in many cases it is slow and tedious work, and each moment seems to be an hour. Slowly it proceeds until the os has attained the size of a silver dollar. At this stage the inferior segment of the membranes gradually engages in the orifice. The successive and repeated contractions cause the liquor amnii to flow towards this point and the amniotic pouch becomes tense and bulging at its lower part, and being supported by the parietes of the neck, it does not give way as it should. It remains in contact, a firm, bulging tumor, the surrounding part hot and free from all secretions, and the patient suffering, as I think, unnecessarily. Oil is then applied to lubricate the parts, all to no purpose. Ergota is given and a severe contraction takes place, as though she was going to expel the uterus itself; the child is forced to the orifice, the membrane is compelled to rupture, and the child's death ensues, produced by this unnatural contraction of the uterus. My plan is, while the neck of the tumor, or this bulging pouch of the membrane, is protruding from the uterus in the vagina, to take my finger, scrape or pierce the membrane, and so force a rupture. Then the flow of liquor amnii takes place, the head descends (or whatever part is presenting) and the second stage of labor is then finished by a pain or two, and danger of rupture is safely past and our woman is spared protracted, unnecessary pain.

I avoid using ergot, for I have found by experience that it is more harmful than helpful, and the risk of endangering the life of the child too great, for me to willingly make use of the drug so unsatisfactory in its action on the uterus. The only benefit I have derived from the use of this drug is in cases of lead poisoning, when I have found its effects permanent and satisfactory. Besides, ergot taken once by a patient in labor, at the next accouchment is demanded by the woman and her system. The child after passing to a certain strait, nature stands still, and all the woman's efforts come to naught, until relieved by ergot or the physician adopts some other methods ere the mem-

brane is forcibly ruptured. I have found in the parturient woman accustomed in previous labors to use ergot, that in giving it in this stage it produces such violent contractions, even after the expulsion of the child, as to render it impossible to introduce the hand and bring away the placenta. Hourglass contractions and other abnormal contractions are momentarily threatened, and do take place, and violent means must be resorted to in bringing away the placenta. All this after trouble is avoided when the simple means of forced rupture by the finger is adopted.

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### Correspondence.

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NEWPORT, Perry Co. Pa., Sept. 27, 1882.

*Editor Peoria Medical Monthly:*

On September 17th I was called to see Mrs. S——, a primipara aged 20, of rather small figure. I saw her at 9:30 in the evening, patient said she menstruated for the last time on January 19th. She was sitting up and was free from pain, had not experienced the slightest uncomfortable sensation, save a fullness in the pelvis. I asked her to take her bed, and I made a digital examination, found the head in first position, at the superior straight, and the os dilated about the size of a silver dollar, but soft and patulous. As there were no labor pains and no signs of any, and I had waited a whole night not long before on a case of the same kind, I concluded to come home and sleep awhile. Was called again at 12:30, and when I got there the child was born. She informed me that the child was born at a single, and the only pain she had the entire placenta coming away at the same time. There was no hemorrhage, the womb contracted firmly. Mother and child both strong.

Dr. Jennings asks some questions. How many journals should we take? A good practitioner is a reading man. To say that a man has not time to read, is to say he has not time to practice. If a carpenter were to say he had not time to sharpen his tools, the results would soon be seen. Hence reading is the one thing needful to make a successful practitioner. Should we take several medical

journals? Yes. But take no more than we can read. But take the PEORIA MEDICAL MONTHLY, and study its contents. And add a little Anatomy and Physiology to our doctorism, do this, and we have done well.

To what extent shall we patronize new remedies? When we need them, when we want them, then is the time to try them. "Know ye what's the matter?" what's wrong. Now correct it, when we have done this, we have succeeded miraculously. But we fail to do this sometimes, then we should try a new remedy. When we want to experiment on a new drug, we were told to try it on our *mother-in-law* first, but we are afraid, and so we try it on dead beats. I take up a new drug in this way. I was in want for a mixture to hide the bitter taste of Quinia, etc. Fl. Ext. Licorice, prepared by Burroughs, came into market, I tried it and it filled the requirements, and I adopted it in my practice. But to adopt every new drug placed before us, would be like eating victuals because they are on the table. What is not needed in the system is injurious, let it be cheap as it may. But there is a volume in the maxim, "the fewer drugs, the more recoveries."

That eminent physician succeeded, and succeeded well, who started out with six drugs and a Barlow knife in his saddle-bags. Thus he taught the important lesson, to be well acquainted with our tools, to understand the properties and actions of a drug before we use it, to be able to use opium as a cathartic, as an astringent, as an anodyne, as a laxative, as a tonic, as a depressant and a stimulant, and strive to do a little more than our next door neighbor.

What attitude to assume toward Homœopathy? And now, if we have any dignity in us, let us show it here. Though we be Washingtons, not allowing a negro to exceed us in politeness, using all courtesy, for the people soon learn what true professional courtesy is. Let us wash our hands, let us be far from the taint. Let us be up stairs, and on the door leading from that profession to ours, place a placard, "No Admittance," showing by our walk and conversation that we belong to that which is honest, that which is right. Somebody suggest a good method for collecting bills.

S. ANCHE SULOFF, M. D.

### Book Notices.

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**On Asthma. Its Pathology and Treatment.** By HENRY HYDE SALTER, M. D., F. R. S., F. R. C. P. Physician to Charing Cross Hospital, Lecturer on the Principles and Practice of Medicine, etc., etc. First American from the last English edition; 8 vo., cloth; pp. 284; New York; Wm. Wood & Co. 1882.

The treatment of asthma in a general practice is too often of an entirely routine character. Not considered immediately dangerous in the majority of cases, the physician is too prone to attempt nothing more than present alleviation, and rest content with the opinion entertained by the sufferer that "it can't be cured," or that "it must wear itself out."

Scarcely any affection occasions greater distress to the patient, and for that reason it is incumbent upon the physician to study the subject carefully and attempt a cure. We believe that a careful reading of Dr. Salter's work will be of great interest to the physician and value to his patients. The subject is thoroughly handled, and made interesting by the report of many cases.

**The Diseases of the Rectum.—Including Fistula, Hemorrhoids, Painful Ulcer, Stricture, Prolapsus, etc., with Diagnosis and Treatment.** By WILLIAM ALLINGHAM, M. D., F. R. C. S., Surgeon to St. Mark's Hospital for Fistula and other diseases of the Rectum, etc., etc. Fourth Revised and Enlarged Edition, with Illustrations. 8 vo., pp. 168; in paper 75 cts.; cloth \$1.25. Philadelphia: P. Blakiston, Son & Co. 1882.

The author has long been known as excellent authority upon these forms of disease, and the fact of his work having attained a fourth edition, as well as being translated into four of the continental languages, proves that his writings have been well received by the medical profession everywhere. That portion of his book relating to surgical procedure is especially full and plain, and is of great value to the occasional operator.

**Nitro-Glycerine as a Remedy for Angina Pectoris.** By WILLIAM MURRELL, M. D., M. R. C. P. Lecturer on Materia Medica and Therapeutics at the Westminster Hospital, etc., etc. 12 vo., cloth; pp. 78. Detroit: George S. Davis. 1882.

The efficacy of this therapeutic agent in many cases of Angina Pectoris, not only palliative but often curative, can-

not now be questioned. This monograph of Dr. Murrell goes over the entire ground and tells about all that is known about it. His experience with this remedy has been extensive and he reports failures as well as cures. The dose and method of administration of the remedy is given in detail. The make-up of the little volume is excellent.

**Essentials of Vaccination.**—A Compilation of Facts Relating to Vaccine Inoculation and its Influence in the Spread of Small-Pox. By W. A. HARDWAY, M. D., 12 cloth; pp. 146. Price \$1.25. Chicago: Jansen, McClurg & Co. 1882.

This volume gives an admirable *resume* of our present knowledge of this most important subject. The chapters upon "revaccination," and "merits of different kinds of vaccine virus," are worthy of the most careful study. "The operation of vaccinating" receives a chapter, and the lessons taught should be heeded by everyone. To properly perform vaccination is not as simple as it seems to be, and should not be relegated, as it often is, to the office student or druggist. The profession have not placed as much importance upon this operation as it should have, and the laity have come to consider it as trivial and to be done by anyone who will do it the cheapest. The tendency of the work before us is to correct this erroneous impression and advance vaccination where it belongs—one of the most important operations we are called upon to make.

We hope this book will have a large circulation, as it certainly deserves it.

**A Treatise on The Continued Fevers.** By JAMES C. WILSON, M. D., Physician to the Philadelphia Hospital, and to the Hospital of the Jefferson Medical College, and Lecturer on Physical Diagnosis at the Jefferson Medical College, etc., etc., with an introduction by J. M. DaCOSTA, M. D., Professor of the Practice of Medicine, and Clinical Medicine, at the Jefferson Medical College, etc., etc. Cloth, 8 vo.; pp. 364. New York: Wm. Wood & Co. 1881.

**A Medical Formulary, based on the United States and British Pharmacopœias, together with numerous French, German, and unofficial Preparations.** By LAURENCE JOHNSON, A. M., M. D., Lecturer on Medical Botany, Medical Department of the University of the City of New York, etc., etc. Cloth, 8 vo., pp. 402. New York: Wm. Wood & Co. 1882.

**Transactions of the State Medical Society of Arkansas, at its Seventh Annual Session, held in Little Rock, May 31st and June 1st, 1882.** 8 vo., paper; pp. 170. Kellogg Printing Company.

Among the papers contained in this volume, worthy of especial note, we may mention, "A Study of the Red

Blood Corpuscles," by Dr. T. E. Murrell; "Insanity and Insane Asylums," by Dr. P. O. Hooper, and "A Plea for Some Neglected Branches in Medicine," by Dr. G. C. Hartt. The whole volume gives evidence of a first-class, live medical society, and is issued in excellent style.

**Pamphlets and Reprints.**

TEN YEARS EXPERIENCE IN THE TREATMENT OF STRICTURE OF THE URETHRA BY ELECTROLYSIS. By Robert Newman, M. D. Reprint from the *Medical Record*. 44 pp. paper.

STRICTURE OF THE RECTUM TREATED BY ELECTROLYSIS. By the same author. Reprinted from the *New England Medical Monthly*.

THE RELATIONS OF GOITRE TO PREGNANCY, AND DERANGEMENTS OF THE GENERATIVE ORGANS OF WOMEN. By E. W. Jenks, M. D. L. L. D. Reprinted from *American Journal of Obstetrics and Diseases of Women and Children*.

LIFE OF JOHN M. BRIGGS, M. D., of Bowling Green, Ky. By W. K. Bowling, M. D. Reprinted from *Nashville Journal of Medicine and Surgery*.

THE ANTISEPTIC TREATMENT OF WOUNDS AFTER OPERATIONS AND INJURIES. By W. T. Briggs, M. D. Read before the American Surgical Association, and reprinted from the *Nashville Journal of Medicine and Surgery*.

TREATMENT OF FRACTURES OF THE SKULL, RECENT AND CHRONIC, WITH DEPRESSION. By Moses Gunn, M. D. Read before the American Surgical Association, and reprinted from the *American Practitioner*.

AN OLD SYSTEM AND A NEW SCIENCE. By F. E. Stewart, Ph. G. M. D. This paper will be mailed free of charge, upon application to the publisher, Geo. S. Davis, P. O. box 641, Detroit, Mich.

THE COLUMBUS MEDICAL COLLEGE IMBROGLIO. By J. F. Baldwin, M. D. Supplement to the *Columbus Medical Journal*.

### Periscope.

#### Hot Water in Surgical Practice.

Dr. J. R. Weist read a paper on this subject before the Indiana State Med. Soc., from which we abstract:—

It is to the value of hot water as hemostatic agent, that I wish to direct chief attention, especially to its power, when the bleeding is from small vessels, or of the character denominated capillary oozing—a fact, I believe, first brought prominently before the profession by Dr. Emmet, in his *Principles and Practice of Gynecology*, and he gives Dr. Pitcher, of Detroit, credit for first calling his attention to the matter. He says that while operating, in 1859, to close a vesico-vaginal fistula where free incisions were necessary, “the progress of the operation had been greatly delayed in consequence of oozing of blood.” This could be temporarily checked by pressure and ice, but in a few moments reaction would take place and the bleeding be as great as before. Dr. Pitcher being present, suggested a sponge probang be dipped into hot water and applied several times to the bleeding surface. This was done and the bleeding was promptly arrested. This led Dr. E. to the frequent use of vaginal injections of hot water in various uterine and pelvic disorders associated with capillary congestion. Surgeons seem to have failed to appreciate the hint thus given, as no surgical work with which I am acquainted gives any prominence to the hemostatic properties of hot water.

In ovariectomy, after the separation of extensive adhesions, there is frequently a very annoying oozing of blood that must be arrested before closure of the abdominal cavity if septicemia and the subsequent death of the patient is to be prevented. In such cases the repeated application of sponges dipped in hot water will generally promptly arrest the bleeding, succeeding even cases in which the solution of the persulphate of iron has failed.

In cases of hemorrhage, after removal of uterine fibroids, and for the arrest of hemorrhage following abortion, the injection of the hot water into the uterus succeeds in cases which would otherwise require the use of the tampon.

Over the oozing from stumps after amputations, after removal of tumors, the superior maxillary bone, excision of the mammary gland, and various other operations, hot water has in my experience exercised a most important influence.

A very great advantage that hot water has over most other agents employed to arrest the kind of hemorrhage under consideration, is that it does not interfere with the subsequent healing process; it is possible that it promotes it.

Cold water and ice, even, is much less efficient in checking hemorrhage than hot water. The immediate effect of cold is to contract the bleeding vessels, but this contraction is very soon followed by the opposite condition, dilatation: one that continues for a considerable period, and one that favors further hemorrhage. Besides, it is a fact well established that prolonged cold lowers the reparative power of tissues.

The immediate effect of heat is to dilate the vessels, but afterward it contracts them. Dr. Pitcher's explanation of the manner in which hot water arrests hemorrhage is that the clot formed in the mouth of the dilated vessel, was held so firmly in position by the subsequent contraction as to prevent its being readily dislodged.

In hemorrhage from the nose, the injection of hot water has in my hands proved very effective, and I am persuaded that in pulmonary hemorrhage the inhalation of hot water in the form of steam would prove to be a valuable agent for its arrest.

The value of hot water in hemorrhage and inflammation depending on its power to contract the smaller blood vessels, and thus lessen the flow of blood to and the quantity in a part, involves some interesting physiological questions. Capillary vessels possess no muscular elements and can be subject to no active change of caliber. The changes in diameter that do take place in them are passive, and by virtue of their elasticity; and all the important changes therefore effected in a given part by hot water must be through vessels—arteries—larger than capillaries, whose walls contain muscular elements which are excited to action by nerve stimulation. This may probably be accomplished in two ways. Foster says (Text book of Physiology, p. 170), "The change in any given vascular area may be brought about by stimuli applied to the spot itself and acting either directly on the local mechanism (vasomotor) or indirectly by reflex action through the general vasomotor center." These physiological questions, however, I am not competent to discuss, and I leave the subject with the remark that whatever may be the mechanism through which the effect is accomplished, it is certainly important to know that in hot water we have a simple, cheap and effective means for attaining important ends in surgical practice.—*Amer Prac.*, July.

**Pulsatilla in Inflammation of the Testis.**

Although the use of pulsatilla in the treatment of disease has been chiefly confined to the homœopaths, attention has been called to its efficacy, particularly in inflammatory affections of the testis, by several members of the regular profession, Dr. Piffard having especially commended it.

A short time since, having a hospital service in which there were abundant opportunities to test its efficacy, I began its use in such cases. I had previously employed the ordinary methods of treatment, such as applications of ice, hot fomentations, tobacco poultices, etc., thus having ample scope for the comparison of the results derived from the different procedures. The results of the remedy were very gratifying, and in most instances, whether given alone or in combination, superior to the ordinary measures for relief of the above inflammations. The records of the cases so treated at that time I did not retain, but they contained a large number of cases. I have been fortunate enough to have a series of five pronounced cases within the last few months, the history of which I have, and will recount, hoping that they may prove of interest.

CASE I.—*Gonorrhœal epididymitis*.—Patient is a plethoric subject æt. 35; stated that he contracted a severe gonorrhœa some three weeks previously, which ran the usual course until two days before consultation, when the right testicle began to swell and became very painful, the urethral discharge having ceased. He complained greatly of dragging pain along the cord. The epididymis of the affected side was extremely swollen and of almost stony hardness, and the tunica vaginalis greatly distended; the tenderness on pressure was very marked. He was ordered a mercurial cathartic, and tr. pulsatillæ in 10 m. doses every two hours. The testes were supported upon oakum. On the following morning the pain had entirely ceased and the tenderness was perceptibly less. There was no change, however, in the bulk of the testicle, although the fluid in the tunica vaginalis seemed less transparent. At the end of twenty-four hours the pulsatilla was stopped. There was no recurrence of the pain, and on the fourth day the tenderness was so far reduced that strapping was admissible, and was continued until the organ had regained its usual size.

CASE II.—*Rheumatic orchitis*.—Patient a carpenter; æt. 24. Denied having had venereal disease of any description, and stated that he contracted his present trouble by sitting upon a cold stone step for some time, he having on thin pantaloons. The pain was especially severe, and was ac-

accompanied by considerable nausea and fever. There was also some tenderness and swelling of the ankle joints. The body of the testis was swollen and tender; the epididymis somewhat enlarged, with slight effusion into the tunica vaginalis. He was given a saline cathartic and put upon tr. pulsatillæ m. v. every hour. In twenty-four hours the pain, which had been so severe that I had thought seriously of subcutaneous incision of the testis, had considerably abated, and on the third day had disappeared, leaving, however, some tenderness and no appreciable change in the swelling. Hot fomentations and poultices were now ordered and continuously applied, until the induration had disappeared.

CASE III.—*Epididymitis from passage of sounds for relief of stricture and gleet, of long standing.*—Patient, engineer; had had gleet for over a year, and had previously had a number of attacks of gonorrhœa. On the day following a somewhat prolonged instrumentation of the urethra, pain and great tenderness of the left testicle developed. The same treatment was adopted as in the preceding case, with, however, in addition, x minims of fl. ex. jaborandi, every hour, he having considerable fever and complaining greatly of thirst. On the third day pain had entirely ceased and poultices were ordered.

CASE IV.—*Gonorrhœal epididymitis.*—History of previous attack in same testicle, which laid the patient up for four weeks. The same line of treatment was adopted as in previous cases, and with marked success, the pain ceasing in twenty-four hours, and the gentleman being at his work again on the eighth day, the testicle, however, being strapped to produce resolution of the swelling and support the organ, thus preventing a relapse and enabling the patient to attend to his business, which compelled him to be upon his feet a great deal of the time.

CASE V.—Somewhat similar to preceding case. Swelling and intense pain of neuralgic character in both the inflamed and sound organs, this pain having severe exacerbations shooting along spermatic chord and down the inner aspect of thighs. There was also considerable pain in the back. Fifteen minims of the tincture pulsatillæ were given every second hour, with the usual preliminary cathartic. In forty-eight hours the pain was markedly diminished, there being, however, some increase of the swelling. The remedy was stopped on the third day and poultices applied. There was a slight recurrence of the pain on the fifth day, which was again readily controlled, in a few hours, by the pulsatilla.

From observation of the action of pulsatilla upon the above cases and others, which, though carefully noted as to the effects of the remedy, were not recorded, I have been led to the conclusion that it is of great value. The drug has long borne the opprobrium of being a homœopathic preparation, and has been highly recommended by the small-pill fraternity; they, however, have administered it only in infinitesimal doses, in which it is obviously impossible to obtain its physiological effects, so that it would be practicable to determine whether their so-called beneficial results were due to their small doses of the drug or were really the natural course of the affection, they never having applied rational measures of treatment, and being consequently devoid of data for comparison. They do not give any explanation of its action, but speak in a vague manner of its specific effect upon the mucous membranes, the female generative organs and the cerebro-spinal axis. It is probable that its effects are manifested principally through its influence upon the nervous system. It seems to have a specific action upon the testis itself, as evidenced by the speedy relief of pain and tenderness, although it has no effect upon the induration of the inflamed organ, and does not appreciably diminish the serous effusion attendant upon such cases. The beneficial effects of the drug in gonorrhœal epididymitis may possibly be due in some measure to its action upon the inflamed urethral tract, which constitutes the source of most of the cases of that disease.

I cannot reconcile my observations to those of Dr. Piffard, who, in some of his earlier investigations of the subject, found that five minim doses of tr. pulsatilla aggravated epididymitis, while the same drug, in doses of one-tenth of a minim every three hours, rapidly cured the disease. The doctor evidently has great faith in infinitesimals.

I am not aware to what extent regular practitioners have investigated the action of pulsatilla, nor to what extent it has been written upon, but I trust that it may receive a fair trial, and if it be found to be as valuable as I have been led to believe it, that it may enter more extensively into the pharmacopœias of legitimate physicians, thus rescuing a useful drug from the obscurity of homœopathic practice.—*Chicago Med. Jour. and Exam'r.*

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#### Anti-Listerism.

Dr. R. Beverly Cole sums up an argument against Listerism in the following manner:

1st. That whilst Listerism has, through the thorough cleanliness included in the system, lessened the mortality

in German hospitals, it does not appear from their reported successes that carbolic acid has proved to be a germicide, or brought their percentage up to that of surgeons who never employ it; or, indeed, that it has exercised any agency or influence whatsoever.

2d. There is no proof, or even evidence, that the "germ theory" is a correct one; certainly, so far as the micro-organisms of the atmosphere are concerned.

3d. There is abundant evidence of the direct evil effects of the carbolic acid spray in abdominal surgery, particularly ovariectomy.

4th. It must be admitted that an agent so irritating, and of such strength (as must be the solution of carbolic acid) as to offer the slightest hope that it may be germicidal, so strong, indeed, as fairly to tan the integument of the operator's hand, cannot fail to be productive of great mischief to the delicate serous lining membrane of the abdomen.

5th. The overwhelming evidence of such men as Keith, Lawson Tait, and even the author of the Listerian system himself, to the effect that it is unnecessary, indeed positively injurious in ovariectomy, producing kidney disease and carbolic poisoning, etc., should at once and forever condemn the practice of its use in these cases, the more so since the most positive testimony (Dr. Keith) is to the effect that it *does not prevent the mildest septicæmia*.

6th. There is not sufficient evidence, in the treatment of general operation wounds, of its superiority over other and older methods, outside of purification of the atmosphere of wards, and the general cleanliness observed in the local conduct of such cases, entitling it to any special confidence or consideration.

7th. That in abdominal surgery the large preponderance of opinion is in favor of the observance of scrupulous cleanliness; perfect arrest of all hemorrhage and oozing; careful closing of the wound, so as to effect coaptation of the serous surfaces; and, in suspicious cases, where oozing is liable to recur, the employment of the drainage tube (glass), and the most careful avoidance of any needless disturbance of the patient or wound; and last, though not least, the great importance of maintaining the normal temperature during the operation, which is impossible when the spray is employed, for the reason that the finely divided atoms have their capacity for heat increased and absorb it from the serous surfaces.

8th. That in *general* surgery the weight of evidence tends rather in the same direction, although the whole

field has been covered from the open plan of Lister allowing plasma to glaze the surface, as a guarantee against oozing, to the immediate closing of the wound and employment of drainage. There is, however, no general recognition of the necessity of carbolic acid, or of its superiority over the iodoform cushion of Esmarch, the boracic acid, salicylic acid, chlorine water, decoction of eucalyptus, or *even pure boiled water*.

This resume has been prepared with a view to placing the whole question concisely before the profession, under the conviction that it is as distinctly the duty of the loyal medical man to point out errors in practice as it is to promulgate new theories, advance new opinions, or present new therapeutic agents.

"Ex vitio alterius sapiens emendat suum."

—*Western Lancet*.

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#### Simulated Sciatica.

In a clinical lecture on "sciatica," Mr. Jonathan Hutchinson (*Med. Times and Gazette*) says, "In nineteen cases out of twenty in which the diagnosis of 'sciatica' is suggested, there is no affection of the sciatic nerve whatever. They are simply cases of arthritic disease of the hip in one or other of its various forms—acute gout, chronic gout, rheumatic gout, subacute rheumatism, or chronic senile rheumatism. Both by the public and the profession these cases are constantly called 'sciatica.' Our workhouse infirmaries are full of chronic cases under that name, and I speak advisedly when I say I feel sure that they are almost all examples of *morbis coxae senilis*. Of the cases of 'sciatica' which are not hip-joint rheumatism, some are probably affections of the fascia or periosteum near to the hip; a minority are possibly affections of the sciatic nerve itself. In these latter it is the sheath of the nerve which becomes painful. The pain may be darting, or may radiate, but it does not pass down the nerve tubules or in any way make the patient conscious of their course. The diagnosis of true sciatica is to be based upon the discovery of tenderness restricted to the trunk of the nerve and involving a considerable part of its course. Examples of this are decidedly rare, and their recognition without risk of error is a matter of great difficulty."—*Med. Times*, July 29.

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#### Nasal Catarrh.—Quinine.

Dr. N. Falliott, writing to the *British Medical Journal*, states that coryza or nasal catarrh may be cured in a few

hours if taken at the onset, or at most twelve hours afterward, by the inhalation of a spray of sulphate quinine. The solution used is made by dissolving four grains of quinine in an ounce of water, with just enough of sufficiently dilute sulphuric acid to dissolve it, and scenting with any agreeable perfume. The solution is injected up the nostrils in the form of spray with an ordinary hand-ball spray producer in such a way that the quinine can be tasted at the back of the mouth. This is done at every hour or oftener, according to the urgency of the symptoms. He states that this remedy has been tried with success in hay fever, and that if nasal catarrh is of parasitic origin, as he strongly suspects, the action of quinine (as an antiseptic?) is at once apparent. It might be added that, even supposing catarrh to be the result of sudden change of temperature, the action of quinine in contracting the superficial capillaries would be quite as obvious. It is somewhat surprising that this property of quinine does not appear to have been tried for chilblains in the itching state, when the capillary vessels are dilated.—*New Remedies.*

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#### **Purulent Conjunctivitis—Iodoform.**

Dr. Karl Grossman, Stanley Hospital, Liverpool (*Ophthalmic Review*), considers iodoform to be of the greatest value in purulent conjunctivitis, both of simple and virulent nature. He makes use of a very fine powder, and dusts it upon the conjunctiva of the everted lids. He also advises its use as an antiseptic dressing in ophthalmic surgery. Its very slow and slight solubility makes it probable that a small quantity is sufficient for twenty-four hours, and thus the bandage may be left on the operated eye for an equal period, or even longer.—*N. Y. Med. Jour.*, July.

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#### **Boracic Acid for Granular Lids.**

Dr. James L. Minor says (*Va. Med. Monthly*) that he has found boracic acid powder a most excellent application to granular lids. It is used as follows: The lids being thoroughly everted, the powder is spread freely over the whole conjunctival surface with a camel's hair brush. The acid is generously applied, and mixing with the discharge from the lids, it readily gains access to the cracks and crevices between the granulations, and thus comes into direct contact with the entire surface upon which it is intended to act. The immediate effect is to increase lachrymation and to cause a burning, gritty sensation, with some

pain. These symptoms usually pass off within ten minutes, and are followed by an amelioration of all the symptoms which existed before the application of the acid. The granulations may look less gorged and prominent, but he has not been able to discover much change in the naked eye appearance of the conjunctiva after one application. The powder was used three times a week. The improvement is so gradual that it is almost imperceptible as it progresses, but Dr. Minor has derived more satisfactory results from the use of this powder than from the ordinary caustic or astringent applications.—*Med. and Surg. Rep.*

#### Differential Diagnosis of Abdominal Tumors.

Dr. Erich, of Baltimore, contributes a very instructive paper to the Clinical Society of Maryland, *Obstet. Gaz.*, wherein he points out how easily we may make very singular errors of diagnosis in abdominal tumors. He illustrates his views by the narration of several cases, hoping, apparently, to add to the "known sources of error" in arriving at a good diagnosis. In Case 1, a first examination per vaginam "revealed an irregular, hard, nodular tumor in the left iliac region somewhat posteriorly," and a diagnosis of probable cancer was ventured. A year and a half after this examination the patient was examined jointly by Dr. Erich and Dr. Chadwick, of Boston, when the conditions noted had entirely changed. The tumor then noted had disappeared, "and a firm, round, movable tumor, about the size of an adult head, was found occupying the hypogastric region." Present diagnosis—a fibroid. It was decided to remove the supposed fibroid by laparotomy. Upon making an incision and bringing the tumor in view, an exploratory puncture was made which yielded pure pus. The patient died, and a post-mortem revealed an abscess. This case teaches that fluctuation can not always be made out, even when a large amount of fluid is present. "I was compelled to acknowledge an error of omission," says Dr. E., "in not making an exploratory puncture before resorting to laparotomy, I have since then determined never to pronounce an abdominal tumor solid until after aspiration." Case 2 had been pronounced by an eminent surgeon a solid uterine fibroid. All the conditions so indicated; but true to his determination, an aspirator needle was introduced by Dr. Erich, and to the surprise of himself, as well as others, "a pint of pure pus was withdrawn." In Case 3 the patient had been sent to Dr. E. by a friend who had made out "probable diagnosis of ovarian tumor." The examina-

tion made by Dr. Erich appeared to exclude pelvic cellulitis and abscess—the diagnosis of ovarian cyst was therefore provisionally endorsed, and preparations for an operation were made. Preparatory to this a tonic treatment was set up, and a mercurial purge administered. The purgative produced diarrhœa with profuse and offensive discharges. Fever was established. The tumor was speedily reduced one-half. Aspiration, now instituted, removed a quantity of offensive pus and gas. The tumor was evidently a pelvic abscess. In his concluding observations Dr. Erich remarks: “In view of these difficulties, which have been acknowledged by the best men in the profession as liable to occur to them, I think it advisable to use the aspirator in cases of doubtful abdominal tumor before pronouncing definitely upon its nature.”—*Canada Lancet, June.*

#### Post Partum Examination.

Dr. Engleman, in the *St. Louis Med. Jour.*, sums the treatment up in this manner:

##### *A.—Preventative Treatment After Induction of Labor.*

1. Careful attention to every detail, and strict observance of obstetric rules in *every* case of labor. 2. The administration of a full dose of ergot as the head enters the vaginal orifice. 3. Should hemorrhage threaten, follow the uterine fundus with the firmly superimposed hand. 4. Express the placenta by Crede's method, and retain a firm grasp upon the fundus.

*B.—Treatment of Existing Hemorrhage.* 1. External manipulation, pressure, and friction with the cold hand, or with ice. 2. Ergot—best subcutaneously, while manipulations are in progress. 3. Introduction of the hand into the vagina, or uterus; removal of clots, and irritation of the surface, in order to stimulate contractions. 4. The subcutaneous administration of ether. 5. Ice or vinegar, if at hand, may now be tried in the uterine cavity, but if they fail must not be persisted in. 6. The hot water douche, which, if it is not followed by the desired contraction, will at least stimulate the patient, and cleanse the cavity, so that the final, safest and most reliable remedy may be resorted to, viz: 7. The iron swab—This may be used at once, if the introduction of the hand and the subcutaneous injection of ether fail or after a trial of the hot water douche; but in desperate cases must be resorted to at once, without losing time with other less reliable methods.

### Definition of Miscarriage.

The *British Medical Journal* says: "It should be clearly understood by all medical men that the term miscarriage is a legal one, meaning the premature expulsion of the ovum or fetus at any period of gestation short of the full period of nine months."

This piece of advice is called forth by the conduct of an English surgeon, who applied the word to labor at full term in answer to a question by the brother of a woman whom the surgeon had been called to attend, and who afterwards found himself implicated, at the Leeds Assize, in a case of unlawful concealment of birth.

In admitting at the trial that he had used the word miscarriage carelessly and improperly, the surgeon showed so much hesitation that the judge threatened to commit him if he did not answer the question, and his costs were disallowed. In addition to the rebuke of the judge, the jury appended a rider to their verdict, in which they reflected upon the capacity of the surgeon. This act was regarded as a gratuitous insult by the English secular and medical press.

We are unable, from the comment given in the journal from which we quote, to gather all the facts bearing upon it, but judge that the case was one in which the good name of the woman concerned was at stake; which being true the term of obscurity employed by the surgeon was justifiable in the eye of the higher law.

Those laws which compel a medical man to appear, and upon pain of imprisonment force him to divulge in open court the secrets of which he necessarily becomes possessed through his professional relations to his patient, are a relic of barbarity, a disgrace to the Code, and should be erased from the statute-books of all enlightened nations.

—*Louisville Medical News.*

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### Choice of Drainage Tubes.

M. Niciase (*Revue de Chirurgie*) points out the importance of using non-irritant India-rubber drainage-tubes in the dressing of wounds. He gives the following directions:

The tube should be short and wide, and should not be in contact either with the bone or ligature of the chief artery.

Tubes are grey, black, or red. They should be made from laminæ of pure caoutchouc cut with the saw, vulcanized, and desulphurized. Good tubes may be recognized by (1) the transverse markings left by the saw; (2) their

lightness; they should float on water; (3) their strength; they should bear being tripled in length without breaking.

Bad tubes are made from sheets of paste made up with shreds of caoutchouc, zinc white, minium, etc. If grey they remain so after being dipped in an alkaline solution. Grey tubes have not been freed from sulphur, and this separates and irritates the wound: they should be avoided. Red tubes which have been desulphurized by soaking three hours in a hot ten per cent. solution of carbonate of soda may be safely used. Black tubes answering to the above tests are the best of all.—*The Practitioner—Cin. Lan. and Clin.*

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#### Gunshot Wounds of the Vertebrae.

These wounds are believed by the great majority, even of the well-informed profession, to be necessarily fatal. Such opinions have been so frequently expressed by physicians of prominence in medical and also secular periodicals, in connection with the Garfield case, that every paper teaching a different and a truer lesson is to be appreciated.

In the 32 cases given in the History of the Crimean War, 4 recovered. In 191 cases occurring in the French service, 13 recovered. In 187 cases reported by Confederate Surgeons, 7 recovered. In 149 Lumbar-vertebral cases reported in the "History of the Rebellion," 51 were discharged, and 28 returned to duty; a mortality not absolute, but of 45.5 per cent. In 16 reported cases of removal of the ball, only 5 died and 7 recovered.

When such facts are considered, the report in the cure of this number becomes, in comparison, less astonishing, but the facts entire serve to increase the surprise which the unfortunate statements made in regard to Mr. Garfield's "inevitable death" have so extensively and injuriously created.

Gunshot wounds of the lumbar vertebrae are of course very serious, but when in 149 cases 79 have recovered, and when in 16 of operation 7 have recovered, the late teachings on this subject are very far indeed from the truth. They are not only unjust, but libellous to surgery.—*Amer. Med. Weekly.—Can. Lan., June.*

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#### Treatment of Phthisis by Inhalation.

Dr. S. Dowse read a paper on this subject. He prefaced his paper by referring to the recent very valuable discovery by Dr. Koch, concerning the tubercle-bacillus; and he

thought that the inflammatory theory of tubercle, and Dr. Sanderson's recent lectures at the College of Physicians on Inflammation, tended to support rather than detract from the results of Dr. Koch's original investigations.

Dr. Dowse said that it was more than ten years ago when he first began to treat pulmonary consumption by inhalation; and he regretted that, until recently, he had not carried out his experiments with that care which so important a subject demanded. During the months of September, October, November and December, 1881, he had treated his patients in the North London Hospital for consumption, by several forms of inhalation, and he almost invariably had good results. He thought, however, that the process of inhalation was far from perfect, and he hoped for better results in the future. Short histories and notes of several cases were brought forward as evidence in favor of this mode of treatment. He spoke particularly of the value of acetic ether as an inhalent; in fact, he went so far as to say this drug was, in his opinion, capable of dissolving nascent tubercle. The mixture which he generally used had the following composition:

R	Thymol,	8 drachms.
	Ætheris acetici,	3 drachms.
	Ætheris sulph.,	1 drachm.
	Creasoti,	3 drachms.
	Acidi carbolicæ,	15 minims.
	Terebinte ad	15 ounces.

Ten drops to be used at a time for an inhalation.

He laid great stress upon continuous inhalation: for instance, two hours in the morning, afternoon and evening, as well as during the whole night. The subject appeared to be of considerable interest. A lively discussion followed.  
—*Brit. Med. Jour.*—*Can. Med. and Surg. Jour.*, July.

#### Treatment of Cerebro-Spinal Meningitis.

Prof. H. C. Wood, in a clinical lecture in the *Medical Gazette*, sums up as follows: During the first three or four days in the strong and robust, leeches or cups may be applied to the temples or nape and upper part of the spine. Ice-bags are applied to the head and back of neck for the first days—in many for a week. To relieve headache, restlessness and delirium bromide of potash is the best agent, gr. 20 to 30 every three hours. Its efficacy is increased by adding chloral (ten grain doses usually), or in those who cannot take chloral, tinct. hyoscyami (drachm doses). It is advantageous to add also tincture of castor (drachm doses) in the hysterically inclined. If possible don't use opium, but sometimes it becomes necessary, as the remedies al-

ready named occasionally fail. The temperature is not apt to run over 104 degrees (a very harmless height) in adults except at the close, and quinine is not indicated; moreover, it has no effect in lowering the temperature in this particular disease. The best way to lower temperature, if this be an object, is by cold affusions, cold and tepid baths, or the cold pack.

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#### Mercury in Membranous Dysmenorrhœa.

Dr. Ormsby, of New York, gives five cases of painful menstruation, accompanied by the shedding of flakes of membrane, successfully treated with calomel in combination with opium. His formula is as follows:

℞ Ext. opii, gr. vj.  
Hydrarg. chlo. mit., gr. xij.

Divide into twelve pills, one to be given every four hours till the gums are affected. He regards the known efficacy of mercury in all forms of hyperplasia, acute and chronic, as justifying *a priori* its exhibition in a complaint in which the hyperplastic element is recognized by pathologists; and his practice has completely confirmed this view. In each case when the mercurial treatment has been pushed so as to make the gums slightly tender, the next following menstruation has been painless, and the benefit so attained has been permanent without further medication. Painful menstruation is so much a question of habit, that to interrupt it for one monthly only is almost to break it off altogether. Calomel has been the only salt of mercury tried, as it produces its effect rapidly and with little irritation.—*New York Med. Rec.*

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#### Opium Habit—Avena Sativa, or Common Oats.

Concentrated tincture of *avena sativa* has been strongly recommended by Dr. E. H. M. Sell, in a paper read before the State Medical Society of New York, and published in the *Medical Gazette*, for the cure of the opium habit. This preparation is made by making an alcoholic tincture of common oats, distilling the alcohol off, and leaving an impure extract. As different extracts require different re-agents for precipitation, the selection of those must be left to the judgment of the chemist. One ounce of the resulting precipitation must be dissolved in ten ounces of alcohol, and this forms the concentrated *avena sativa*. It is prepared by B. Keith & Co., 41 Liberty street, New York City.

# THE PEORIA MEDICAL MONTHLY.

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## Editorial Department.

### Hints on Practice.

I think it was Watson who said, in his introductory lecture to his students: "I cannot teach you the practice of medicine, I can only instruct you in the principles upon which good practice is founded." I was reminded of this the other day when called to see a patient who had been taking medicine from a druggist, for his malaria, without any good effects. The medicine prescribed was probably much the same as I should have given him had I seen him at first, but the giving of it would have been quite different. The medicine ought to have cured the patient had it been properly given. I have often met with my own prescriptions, that would not have the proper effect until I took them in hand and used them differently. There is as much in the giving of medicine as there is in the prescribing of it. This leads us to some thoughts on nursing. We all know how important this is. There is a proper time to feed a patient, almost as important as the kind of food they take. Nature often directs us in this. The appetite must be consulted, it is not best to disregard a longing for a certain kind of food, it may be just what the system requires. Rest is often better than medicine, sleep restores the nervous system, and in that way reduces the temperature in fevers. This we often observe in typhoid fever, the temperature is from one to two degrees lower in

the morning than evening. Patients should not be disturbed too often by inquiring about their condition. The frequent visits of friends often retard the cure, thus constantly reminding the patient that he is sick. I have seen patients commence to convalesce after a tedious illness, by the attending physician saying to them, "you are better, you may not feel it yourself, but you are better this morning." It has acted as a stimulant when nothing else would.

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#### **The Quincy School of Medicine.**

The medical college epidemic, which has been raging in many neighboring states for several years past, has at length invaded Illinois, and this fall has witnessed the birth of two brand new medical colleges in our state. Chicago was the first to succumb, and now Quincy follows close after. Poor Quincy! So near to St. Louis, Joplin and Keokuk, how will the Quincy school be able to compete with these great medical centers? Tacked on to the tail of an obscure university, placed on a par with a business college, a telegraph institute, a law school, a literary school and probably a theological seminary, we fear it will be swamped by its associates. Still, we will give the new school of medicine some points, and believe that if followed, there may yet be some hopes for Quincy.

In the first place, they should claim more than 35,000 inhabitants, which everybody knows is not enough for a medical center. If necessary we will lend them the names of at least 40,000 Peoria people, which, added to the 60,000 of Adams County, will make at least a fair sized city for a medical college.

Again, they should include as professors the names of every practitioner in Adams County; then get each professor to contribute, say \$2,000, as a building fund. This might not pay the professors, but it would at least put up a fine building.

Again, being in close proximity to Keokuk, they should reduce their fees to a competing price of ten dollars or so. Competition is the life of trade in medical colleges as well

as in all other branches of business, and low fees always succeed in filling up the benches.

Again, they should guarantee that the Adams County poor house shall furnish a sufficiency of dissecting material, so that students will not have to grub for themselves, which is sometimes dangerous business, and results in reducing the number of students.

Again, they should not have stopped at permitting "four years of well attested reputable practice to be taken as one course of lectures, at the option of the faculty," but should permit eight years of well attested, etc., practice to be taken for two courses of lectures. This would make the college exceedingly popular with the ten-year men of the Illinois Medical Practice Act.

Again, they should not copy the famous "Joplin" announcement so closely in size, color of cover, make up, etc., etc., as it may lead to confusion.

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In all earnestness, and with all kindly feeling for the members of the faculty, for some of whom we have great regard, we think the establishment of this medical college a great mistake, and one which the medical profession will regard with no great amount of favor.

We believe that no city of less than 100,000 inhabitants can furnish sufficient clinical material to justify the grounding of a medical school.

The profession does not need more colleges, but better ones; the people do not demand more doctors, but better ones; and, with the present number of established medical schools in this country, unless a new college can offer superior advantages over those already in operation, there is no reason to justify its foundation.

With the clause above referred to, that of permitting four years practice to pass as a course of lectures, we believe the diplomas of the Quincy school of medicine will not and should not be accepted by the Illinois Board of Health.

We predict for the new college a scanty success, disappointing to its projectors and regretted by all who have at heart the higher education of medical practitioners.

### **An Apology.**

For the first time in the history of the MONTHLY an apology is really due to its readers. The October issue is considerably behind time, and our only excuse is that "we" were moving. The pleasures of moving have doubtless been experienced by very many of our readers, and to them we appeal without apology. If you do not get your MONTHLY just on time this month, be easy with us, kind friend, and we promise it shall not happen so again, at least for a like reason. While we are at it we might as well apologize for several errors that crept into the September number; for these blame the printer, and blame him all you please, yea, "cuss" him if it will do you any good. Our mind is now relieved.

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### **Award of Prizes.**

Our readers will remember that some months ago Allaire, Woodward & Co. offered a series of prizes for the best essays on the Examination of Powdered Drugs. We herewith append the report of the committee by whom the essays were examined :

We, the committee appointed to award the Allaire, Woodward & Co. prizes for the best essay on the Examination of Commercial Powdered Drugs in the American market, respectfully report, after a careful comparison of the papers submitted, that the essay on Powdered Rhubarb, numbered 35, is, in our opinion, entitled to the first prize—a Beck microscope worth \$100. We recommend as deserving of second prize (a \$60 microscope), the paper on Powdered Ipecac, numbered 43; and the third prize (a \$40 microscope), to the author of the paper on Powdered Jalap, numbered 8.

We also recommend, as deserving of honorable mention, the papers on Powdered Opium, and Powdered Extract of Licorice, numbered, respectively, 32 and 38.

It seems proper to state, in justice both to the authors of essays to whom no prizes were awarded and to the members of the committee, that owing to the high order of merit of nearly all the papers submitted, considerable difficulty was experienced in placing the award. The matter was made more complicated by the fact that a considerable number of different subjects were treated.

We desire in conclusion to express our gratification that the offer of Messrs. Allaire, Woodward & Co. has been successful in adding so much information of a reliable character to the sum of knowledge on this important subject.

[Signed,]

WM. SAUNDERS,  
J. U. LLOYD,  
ERNEST B. STUART.

In explanation of the above it is proper for us to state that the essays referred to by the committee in their report were written by the following gentlemen, whom we congratulate upon their success :

No. 35—Mr. Geo. W. Hayes, Philadelphia.

No. 43—Mr. Theo. H. Wurmb, St. Louis.

No. 8—Mr. Virgil Coblentz, Springfield, Ohio.

No. 32—Mr. Geo. D. Hays, New York City.

No. 38—Mr. V. E. Phillips, Olney, Ill.

Very respectfully,

ALLAIRE, WOODWARD & Co.

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#### Notes and Comments.

Dr. I. J. Bennett has removed his household goods and gods from Norwalk, Wis., to Jefferson, Wis.

The Minnesota College Hospital began its second course of lectures Oct. 2, with over fifty matriculants.

Dr. W. R. Nash has returned to Fairmount, Ill., from Crawfordsville, Ind. We wonder whether Hoosier malaria got away with him.

The College of Physicians and Surgeons, Chicago, opened its first course of lectures with over one hundred students in attendance. We wonder how much the forty dollar fee had to do with this ?

The Illinois State Pharmaceutical Association was in session at Chicago last week, Mr. F. C. Bourscheidt, of Peoria, presiding. A full attendance was had and a profitable meeting to those present.

A successful case of transfusion of blood after post-partum hemorrhage, has lately been reported by Dr. Walter in the *British Medical Journal* ; also one by Dr. A. J. Stone of St. Paul, Minn., for repeated hemorrhages during typhoid fever.

Dr. Willard Y. Piersol of Hermon, Knox County, Ill., was married on September 7 to Miss Sidney V. Martin of the same place. The congratulations of the MONTHLY go out heartily to our good friend Dr. W. and his bride.

We have received the second edition of Dr. Cathell's excellent work, "The Physician Himself." It must be most gratifying to Dr. C. that a second edition has been called for in so short a time, and we notice that he appreciates it too, for he has thoroughly revised his work, adding an index and many pages of new matter.

Another card upon our desk notifies us (and our readers) that Dr. Albert S. Core, the talented oculist of Quincy, Ill., was married on October 11 to Miss Julia T. Trude of Grand Ridge, La Salle County, Ill. Some good things do really happen to Quincy once in a while. Shake, Brother Core, shake heartily, and when you attend the State Medical Society meeting in Peoria next May, bring Mrs. Core with you.

The story is told of a noted Philadelphia laryngologist, who on examining a girl with relaxed uvula and mucous membrane of the throat, concluded that the cause of the difficulty was some uterine trouble, and for which he advised her to place herself under the care of her family physician. Her reply was: "Dr., if I had known that you could see all the way down, I should not have come to you."—*Mich. Med. News.*

One of the most important papers read before the late meeting of the American Pharmaceutical Association was that of Mr. C. B. Allaire of this city, on Adulterations in Powdered Drugs. The facts presented are startling. He thinks that all extract of licorice is adulterated. Nine out of eleven pale cinchonas were found to be adulterated. Thirty-eight out of forty-five specimens of ipecac were impure; eighteen out of forty-four of rhubarb. In many cases powders are made out of the whole root, when only the bark of the root should be used. The papers gave rise to considerable discussion, and should be printed in full for the benefit of everyone, especially physicians.

## Receipts.

To save the time and expense requisite for sending a formal receipt to subscribers, we have for some months past adopted the plan of printing in this place the names of those from whom money has been received during the preceding month. Those remitting will please note whether their names are included in the lists, and if they are not will notify us by card :

ILLINOIS—Drs. S. C. Balch, M. L. Brown, J. H. Farrell, C. Truesdale, J. T. Taylor (2 years), F. J. Patera, W. H. Day, J. J. Reaburn, F. N. Cunningham, C. True, J. W. Coyner, T. H. Bras (2 years).

MISSOURI—Drs. Fred. B. Schulz, W. L. Weems, J. R. Yates, Ira T. Bronson, A. V. Banes.

KANSAS—Drs. E. G. Whetstine, W. McMullen, W. G. Conner, R. H. Arrington, Jay H. Payne, S. W. Taylor, Wm. Tanner, J. Z. Scott.

ARKANSAS—Dr. Thomas J. Pollard.

IOWA—Drs. E. D. Frear, M. B. Cochran, D. O'Doherty, W. S. Pitts, G. N. Skinner, F. T. Searles.

KENTUCKY—Drs. Wm. A. Graham, Thomas C. McCarty, D. W. Porter, W. Whambuth, B. F. Dixon.

WISCONSIN—Drs. Fisk & Mailer, I. J. Bennett.

NEVADA—Dr. Joseph A. Stites.

TEXAS—Dr. A. Garwood.

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Some Things That May Interest You.

ST. LOUIS, MO. After many years' experience with Kennedy's Extract of the *Pinus Canadensis*, I unhesitatingly state that its use in all diseases affecting the mucous membrane is invaluable.

JAMES C. NIDELET, M. D., 618 Olive St.

LOUISVILLE, KY. I have used CELERINA in the treatment of nervous diseases with the most *gratifying* results, and in a few cases of *opium* habit. I am thoroughly satisfied with its remedial effects in this particular affliction. Very respectfully,

W. T. LEACHMAN, M. D.,  
Office, 303 W. Walnut St.

Our readers will doubtless notice the new advertisement of the New York Pharmacal Association in this number. We do not believe that anything more can be said in favor of that most excellent preparation, LACTOPEPTINE, than has already been repeatedly said by the whole medical profession of the country. It has become a standard remedy and we could not get along without it.

BEEF PEPTONIDS is a new candidate for favors, and we predict a rapid and gratifying success. We are now trying it in a couple of cases, and will at some future time give results attained—be they good or bad.

# THE PEORIA MEDICAL MONTHLY.

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VOL. III.—NOVEMBER, 1882.—No. 7.

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## Original Communications.

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ART. I.—Dental Plagiarism, or Amalgam Poisoning. Its Origin and History.  
—By J. PAYNE, D. D. S., Dwight, Ill. Continued from October Number.

A strange lady in a distant city sent her thanks to me for saving her life. She had been for years in a similar condition to the young lady in St. Louis, but immediately began to recover on having the plugs taken out. As soon as the publication appeared in the *Democrat*, persons under every degree of this form of poisoning, from mere slight headache to the last stages of what had been pronounced tubercular consumption, came to consult me. One lady came in and said, "Now I know what has been the matter with me all these long years, and now I know what killed my sister." A certain lawyer called on me and wanted the amalgam taken out. He had always been accustomed to performing in the gymnasium, but after his teeth were filled, he found his flesh and strength gradually forsaking him until he was greatly reduced and wholly too weak and too short of breath to engage in any such exercise. A young man, a printer on the *St. Louis Republican*, was barely able to walk and had entirely *lost his voice and had to speak in a whisper*. He had formerly lived in Brooklyn, N. Y., and the doctors could do nothing for him, but advised him to move west with a hope that a change of cli-

mate might benefit him, and he came to St. Louis. A well-known physician in the latter city told him that he had better prepare for death, that he had tubercular consumption and could not live. When I informed the Professor of Chemistry of the discovery I had made it turned out that he had a daughter that had gradually gone into a decline and for two years she was unable to attend school, and although every thing was done that he himself and the ablest medical skill of the city could devise she continued to grow worse, but now attention was directed to the teeth when it came to light that she too had amalgam in her teeth, and being taken out, like all the others, she recovered. This case was also published.

The amalgam being very hard and difficult to get out of the teeth, and having such a rush of that particular kind of business I found it necessary to devise some more expeditious method of removing the plugs than was then known, and work that had required hours to perform could, by the new method, be done in nearly the same number of minutes by *softening* the plugs. This was published in the *St. Louis Dental Journal*, of which I was editor, and was copied by leading Dental journals of the United States and Canada.

But while all these things were transpiring another matter was being inaugurated. As soon as the publication came out in the *Democrat*, war commenced. A certain clique of dentists met and commenced their vile abuse and slanders, and passed resolutions denouncing me as a mountebank, and entered into the blackest conspiracies to ruin my business and in one way and another have kept up their war ever since.

Leaving St. Louis for the present, I wish to allude briefly to some similar cases of poisoning that I had in this village, and in view of their magnitude, at the instance of a prominent physician of this place, I wrote a letter to the President of the Illinois State Medical Association, then in session at Bloomington, giving an account of this poisoning, and requested that body to appoint a committee to visit Dwight, and I would show them a number of cases that would place the matter beyond controversy. The conven-

tion was about to adjourn when my letter was received and it was too late for such action to be taken. The President of the convention, however, sent my letter to the *Chicago Medical Journal* and had it published, and it was subsequently copied into the *Dental Cosmos*, of Philadelphia.

Several parties replied to my letter and tried to hold me up to ridicule, and declared that no such poisoning as I had described could possibly take place, and proposed to have a committee appointed to have me hung or sent to a lunatic asylum. Then a professor in Harvard University, conducted a series of experiments lasting through three months, for the purpose of testing my theory, and afterwards, at a special meeting of a dental society held in the city of New York, the most eminent dentists of all the eastern cities being there assembled, the Professor laid before the meeting the manner in which he had conducted his experiments and the results that followed, and it was shown to the entire satisfaction of all present that the experiments of the Harvard professor had demonstrated that there was absolutely *no grounds* for the theory I had advanced. It was set forth in a circular letter that the meeting would be made up of dentists of such well-known ability that the bare mention of their names would be all the guarantee necessary of the excellence of whatever they might present. And this vast body of gentlemen of unquestionable wisdom and learning, with a Harvard professor as the central figure, declared by their *unanimous* vote that corrosive sublimate could not be made as I had described, and that there was no foundation to my theory and that amalgam plugs could do no possible harm. And then a vote of thanks was *unanimously* given to the Professor as a reward for the valuable contribution to science in the experiments which were shown to have cost so much money and arduous labors and which would result in great blessings to the human race. And finally a full account of the experiments and the proceedings of the meeting were published in pamphlet form and distributed broadcast throughout the civilized world.

For reasons that will appear hereafter, it will be proper here to state that this Harvard professor is a practicing

dentist in high circles, being the head of a dental firm having an office in the city of New York and another one in Paris, France. He is also a member of learned societies both in America and Europe. I particularly request the reader to bear these facts in mind. In addition to being published in the dental and medical journals and in the newspapers, I had five thousand circulars distributed through this section of Illinois giving a brief account of this amalgam poisoning, and notwithstanding the violent opposition that I encountered, a great many people have seen these publications and after long years of suffering have been restored to health by having the amalgam removed. Only a short time ago, a lady who had been declining for several years, until she had become a complete wreck, and the doctors were wholly unable to diagnose her case, saw one of these publications which so accurately described her condition that she went to a dentist and had the amalgam removed, and without taking any medicine she entirely recovered. This statement was made to me by the lady herself. In another instance a lady sent one of my circulars to a friend in another State who, she said, was in exactly the condition described in the circular and that her friend had had some teeth plugged with a material that the dentist rubbed up in the palm of his hand, and that previously to that time the health was good but began to fail soon afterwards. In this way these publications have become widespread and the people themselves are finding out what is destroying them and the dentists are everywhere forced to admit the facts. It will thus be seen that the light has not been kept under a bushel.

Now, at this late day, and in the face of all the foregoing publicity, a man comes before a dental association and pretends that he has been experimenting and has just made the discovery that amalgam is poisonous.

When the *Chicago Medical Journal* published the replies to my letter written to the State Medical Association I immediately prepared a full and complete reply to the parties and that reply I read to a certain dentist in Chicago, and left the manuscript to be published in the *Chicago Medical Journal*. After it had been there *three weeks* and

finding that the editor did not intend to publish it, I wrote to him requesting its return, which was done. I next tried to get a newspaper to insert it in its columns, but there were such a vast army of dentists advertising in the paper that that channel was also closed against me. And now my enemies had the field and they construed my silence into an inability to reply to them and were jubilant. I was then advised to publish my reply in book form and bring it before the people, that being the proper place where everybody could see it. Acting on this advice I rewrote and enlarged it and was thus enabled to enter more fully into the details of the great variety of ways that people are ruined by these plugs than could be done in a short paper. Having completed it in this form and being absent the next day, my office was burnt and my book went up in smoke.

It was during these trials that the Harvard professor was, unbeknown to me, engaged in his experiments to show how vain were all my labors, in which, it afterwards transpired, he spent three months of his precious time besides a large sum of money. In course of time I got my work ready for the printer the third time, and this, according to the general understanding among mortals, ought to have been the "*charm*," but through the Harvard professor I was again doomed to disappointment, for just as I had finished writing I received the awful pamphlet above alluded to by which I found myself completely annihilated and all my labor of writing my book three times was shown to be a total loss.

This was the hardest blow of all. With all this brilliant display of master spirits, such an assemblage of giant intellects, arrayed against me, and so well known throughout the country that the bare mention of their names would immediately put a quietus on any ordinary mortals who would dare venture an opinion in opposition to whatever they might decree, and having given such wide-spread publicity to my ignorance, was to me a greater calamity than the burning of my manuscript, for, mind you, it was not the ignorant, itinerant part of the dental profession that were assembled. There were no privates in the ranks on that occasion, but the meeting was composed entirely

of Major Generals. They were the very head and front, the leaders, who occupy high places in life, members of learned societies at home and abroad, and professors in great universities. This was the class of men who confronted me. They were the leaders and all the rest followed. And then I found myself single-handed and entirely alone, assailed by the entire dental profession, for as soon as the opposition was inaugurated not a man could be found who would enlist on my side. Several of my friends complained of me for condescending to notice certain parties to whom I had replied and said they were unworthy of my attention and I regretted myself that I didn't have *bigger game*, and now neither myself nor my friends could find any room for complaint, for certainly these distinguished leaders were "worthy of my steel," and adopting for my motto, "Come one, come all" "And damn'd be he who first cries, hold, enough," I again prepared my defense.

Once more getting my work completed it was this time actually placed in the hands of the printer. This publishing house was owned by a bank in Chicago, and after printing some fifty pages the bank "busted" and with it away went the publishing house and again my book was in trouble. I then tried two other publishing houses, but now the country was plunged into the panic occasioned by the Resumption Act and both said they had no money and advised me to let it rest till business revived. Since that time I have been engaged in other matters which made it impossible for me to give it that attention which it would require, and so the matter rests.

In the mean time other parties seeing that a great many cases of the kind of poisoning I had described were coming to light, imagined they saw an opportunity to win laurels for themselves and have thus attempted to wrest from me the credit of bringing this question before the public, but when my book is published and all the facts are known, they shall be welcome to all the fame that awaits them.

There are a great many kinds of stealing in this world of every degree from that of stealing a chicken to stealing a railroad, but the meanest of all thefts goes under the

euphonious name of *plagiarism*. This applies to the educated class of thieves who have more education than brains, and not having a sufficient stock of intellect to originate ideas of their own they lie in wait for others to work out difficult problems, and then appropriate these hard earnings of others to themselves. They are literary pirates, *parasites*, that live off of others. In the case under consideration, the pilfering was all the meaner because the thief lacked the courage to show himself in the foreground in the early part of the struggle but waited till the battle was won and then stepped to the front. During the time this warfare has been going on the trade in amalgam has been rapidly increasing until it has reached a magnitude beyond conception. Another point worthy of consideration is the fact that one kind of amalgam is now made and put in the teeth that is actually composed of nothing but *copper and mercury*, both deadly poisons.

I must not conclude this communication without a brief notice of poisoning from rubber plates. When the rubber first began to be used as a base for artificial teeth, the Rubber Company of New York wanted me to act as their agent for the introduction and sale of this material in the West. Finding that the compound was colored with vermilion, a preparation of mercury, I wrote to the company that it would poison the people, but in this as in the amalgam I was met with opposition. In Harris' Principles and Practice of Dentistry, he ridicules the idea of vermilion being poisonous calls it "*inert vermilion*," and speaks of numerous experiments that he and others have made to prove that it is entirely harmless. This author says that the rubber plate cannot be acted on by any thing taken into the mouth.

Notwithstanding this high authority, which is regarded everywhere as standard, I have shown in my book that his statements are not entitled to the least credit, and I have shown that the vermilion in a rubber plate, instead of being the harmless "*inert vermilion*," as he calls it, that it is now ruining thousands of people and is the cause of a long list of fatal maladies, among which I have no hesitation of naming cancer and consumption, the late theory of Pasteur,

that consumption is caused by a parasite to the contrary notwithstanding.

Allusion has been made to a prominent dentist in Chicago to whom I read my reply to the parties in the *Chicago Medical Journal*. In addition to that, I read to him, at his request, a good deal in my book on poisoning from rubber plates. We had been long acquainted and were on friendly terms. We had frequent interviews, and he asked me many questions in regard to the manner of poisoning from amalgam and also from rubber plates. He was using the celluloid base at that time and he was greatly surprised when I told him that that was also poisonous, being likewise colored with vermilion. After obtaining from me all the points he possibly could remember, he went to a meeting of a dental association held at Ann Arbor, Michigan, and made a speech on poisoning from rubber plates and forgot to say where he obtained his knowledge, but led his professional brethren to believe that the ideas he there advocated were the result of his own brain and hard study, and for which he was loudly applauded, and he actually had the cheek to tell me this himself. It has always been customary in the medical profession that when a man advances a theory or makes a discovery, to give him credit for it, no matter how trivial it may appear. In anatomy, if a man discover a cavity in a bone or a slight protuberance on a bone, or any little thing in any part of the human body that has not been seen before, either in the hard or soft parts, or in the fluids, as minute specks floating in the blood, such discovery takes the name of the man making it. For instance, a cavity in the cheek bone that was so very conspicuous that it would seem impossible for any anatomist to overlook it, and probably a dozen might have seen it, all about the same time, still the first who pointed it out was a Doctor Highmore, and it has ever since borne his name, *Antrum Highmorianum*.

And so it is in dentistry. About forty years ago Dr. Hulihen, a dentist in Wheeling, Va., drilled a little hole in the neck of an ulcerated tooth hoping to let out the matter that collected at the end of the fang instead of letting it escape by forming a gum boil opposite the point of the fang, and although it disappointed the expectations of its author it

has borne his name ever since. The same principle holds good in agriculture and horticulture, and in fact in every department of life. In the small fruit department we have the Kirtland red raspberry, brought out by Professor Jared P. Kirtland, of the Cleveland Medical College ; and the Turner red raspberry named for Professor J. B. Turner, of Jacksonville, Ill., who first produced it. These little honors are awarded to the parties as marks of respect and for the encouragement of scientific advancement. The party I complain of has not only attempted to appropriate my ideas but has in several instances used my own language and suggestions, such as the "vapor of mercury escaping from the plugs," the material "used by the ton," and the suggestion made to the medical practitioner to "examine the teeth for amalgam," the very language used in my reply that was left in Chicago and which I read to my friend (?) in that city.

The foregoing is a straightforward statement of facts, which can be fully sustained by an abundance of evidence, and in conclusion I ask you as a matter of simple justice to allow my statement to occupy a place in your columns, and at the same time, by affording discussion of this question, it will aid in opening the eyes of the people as to the cause of numerous strange maladies for which, in vain, they seek relief in remedial measures, changes of climate and visits to the springs.

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ART. II.—What is Vital Force and What Relation Does it Hold to Death and Disease? BY G. W. CARPENDER, M. D., South Bend, Ind.

Physiologists have thus far been able to give only a limited exposition of vital force, and in that exposition have generally supposed it to be modified electricity. But what electricity is has thus far been beyond their research. The nearest they have come to it is to produce a manifestation of something they call a fluid or principle, they don't know which. Its velocity and quantity can be quite accurately measured, and therefore it is electricity. They have determined that two kinds exist, but the specific quantity and proper use has thus far proved too much for the experimentalist, especially as a theræpueutic agent.

I wish in this paper to try and open up a new vein of thought for some superior mind to enlarge upon. Has it never struck your mind, dear reader, that the word electricity might possibly be a misnomer? We have two words that are often used indiscriminately when speaking on the subject, viz, magnetism and electricity. True there is a distinction, but where to draw the lines, that is the question. It does not exactly do to say correlation of force, for the reason in the electro magnet, for instance, the magnetic force is arrested only by the change in polarity of the induction coils, and the thing called electricity is only felt by the interruption of the flow of the current (if current it be). The thing or principle known as electricity would continue to flow in its current, and evidently would be the same and only would be known as magnetism if it was not interrupted by a change of prolarity. Then let me ask what peculiar change it undergoes *per se*, when we know it as electricity? I would answer none. It is the same in arrest or non-arrest. If it is magnetism in the magnet while continuous, it is magnetism when broken in its current, and its difference is not of correlation but of mode of motion.

Is it a current at all? In constructing a battery, we are careful to so arrange the elements that the fluid may pass from one element to the other by passing opposite directions, expecting that the proximate parts will give a common center for equalization.

Having generated the thing called electricity, what becomes of it? Does it re-unite with the elements, or does it pass off into the atmosphere? It will continue to be produced as long as the elements are in a given condition. Then again there are two currents, the advance and return; and if the induction coil be added there will be four currents as a result of the first elements, and if we go on adding coil to coil we only multiply currents. But what becomes of them, as to obtain any knowledge of them we must connect by conductors to the two ends of the coils, or battery, and in the coils we cannot find any change of character to suit the phenomena, neither loss nor gain in quantity or quality? In the battery proper we find change. But in the electro magnet none. What is it then? From the

air, you say. Well, then, if it is in the air is it a new composition of air particles or is it from decomposition of air that it is produced? If decomposition what element is set free? Why, correlation of force, you say. Very well, if force has only returned to force where it has been made manifest by resistance or interruption, does it immediately return to the atmosphere? If so by what means, as during the action it has simply been conducted from one pole of the battery to the other, and interrupted only to make it appreciable to the senses. That it does not accumulate we feel certain, as there is neither waste of material nor gathering in store of the fluid. There are very many questions which the present theories would incite to but which science, *so-called*, would fail signally to answer, and which if answered at all must be by another theory of what it is. In the old electric machine we could collect and hold in reserve the electric fluid and discharge it at pleasure exactly in similitude to the lightning's flash from the charged to the uncharged cloud; and that fact only renders the question more important and by right the easier to answer.

All of nature's phenomena are easily understood if the key can once be obtained to her library of knowledge. She has it all written out and every experiment is on record, preserved either in her laboratory or museum. The difficulty with man is he keeps looking for mystery. Nature's laws are simple and few, and imperative. To reach her conclusions we must be accurate, which in our haste and ignorance we are not apt to be. But to answer our question we must approximate to nature, and to do this we will let nature present herself as our answer.

All organisms are but the combination of aggregated atoms holding different relations to each other. Taking the human body as a system, if the science of chemistry is trustworthy, it is composed of at most not more than sixty-five different elements, and the most of them in very minute quantity, while the larger share is simply water or two elements combined, the balance are elements in combination with water or held in solution, bearing in mind the ultimate particled conditions of these elements. As the foundation of all combinations,

compounds or organizations what do we find? Simply the atom, which is quantity and quality. The quality is that part of the atom which appropriates or discards, attracts or repels, loves or hates. We call it magnetism. It is that which gives polarity, and by it gives motion or rest. It is one of the dual properties of all atoms. No atom can exist without it. This is what we mean by automagnetism. Atoms may be arranged into two classes, and science has been able to distinguish them by the name of mineral and vegetable. In the electrical positive and negative. Among organized beings male and female. In the gasses oxygen and hydrogen. In temperature cold and heat. The casuist will recognize them in mind and matter. Besides these there is nothing, unless there be a spirit essence pervading all things, which is *God per se*. But with him we have nothing to do in this argument. It is with matter as we find it, with its endowments of vital force.

There is a tendency to aggregation in all matter by virtue of its magnetism, each atom appropriating to itself all likes within the radius of its attractive force, simply by the law of change of polarity, when united becoming the stronger magnet. This union is simply intermarriage and must be by opposite magnetism. As there are only two classes, but a variety in each class, the unions must be attained by variations and result in crystals and organisms, interruptions occur and virtually are manifest, when in organism's interruptions occur and vitality is manifest. When there is no interruption in the magnetic flow crystals are formed, each assuming form according to quality and polarized conditions of its primates. By multiplying the conditions the variety of formatives and formations result. Aggregate, compound and combine and all organized beings have their existence.

Now let us apply these postulates to the query, vitality is only automagnetism. The properties of the blood are only the properties of the body in solution. The phenomena of heat is only a result of magnetic attraction and when the elements are furnished in suitable quantity and quality there would be only heat sufficient eliminated to hold in solution, till a proper distribution could be had of

the necessary elements for exchange. It requires all the elements found in each organization to produce the heat necessary to the genus, and every genus has its type, and its possibilities lie only in the fulfilment of the type. Add to or take from any one ingrediant and you destroy the harmony of the being, and by the laws of its inherent affinity it will either be aroused to repel or depressed to the level of the agressor. Fever, then, is a physiological result of the changed demands, either to repel or exhaust, the too rapid molecular changes of auto-appropriation. In either case the functional labors are beyond the elected ability of the organization, especially in localities, and hasten the necessities of repair beyond the combined ability of the organism, and results in *disease*. If the element in excess cannot be interrupted in its magnetic force, combinations will take place so rapidly that a rise in heat will be sufficient to incite to fermentation, when there will be a disintegration of tissue, either to supply a new diathesis or the formation of new organism, and sometimes both, as is seen in examthematous diseases.

One principle more I will refer to and then close this already too lengthy article. I refer to that principle of inherent longevity. Each type of being has a type of vital force inherent to its combining arrangement of ultimate particles and qualitative primates. The magnet if left without use sufficiently long will lose its combining or appropriating property, or the aggregate force becomes subject to the law of inertia or latency, and must be again excited to motion. If left alone it will perish with age. So with vital function. The magnet must have the excitement of change in polarity to manifest its power, and all motion ultimates in change of molecular arrangement equal to waste and withdrawal from the sphere of attraction, and is what we call old age, hence all organisms must of necessity cease at some time to be in combining distance of atomatic attractions. Heat cannot be kept up; the power of solubility of atoms lost, and a concentration of force will be had at local points, with the symptoms of a senile ferment and decay, or a general lack of supply of

material will cease ; a too low state of heat and what we call congestive chill will supervene. As a result of withdrawal of atoms from the sphere of the magnetic influence vital force cannot be kept up, and what we call death is the result of vito-chemical action.

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### Book Notices.

**A New Index Rerum for Students and Professional Men.** Published by Joel A Miner, Ann Arbor, Michigan. Price, full size, \$3.25; half size, \$1.75.

The Index Rerum can be made the most valuable book in a physician's library; it will take a little time and trouble, but when the habit is once formed of using it, this will be found very slight indeed.

"A large portion of the advancement in medical knowledge first appears in medical journals, where it is quickly lost sight of unless it is preserved by some selective reference. The busy physician has less time to ransack his library for some important though half-remembered fact, than members of other professions. His science requires so many exceptions to fixed procedures that he will fail of the largest success, unless he brings to his aid the recorded experiences of the entire profession."

Many physicians say they cannot take more than two or three journals and get any good out of them, but if they used a book of this kind and formed the habit of noting in it, titles of articles, remedies, diseases, operations, etc., with a concise preference, they could take and profit by a dozen or more journals.

We advise especially the young physician to get in the habit of using a book of this kind, and feel certain that he will never regret the trouble.

**The Physician's Visiting List for 1883.** Published by P. Blakiston, Son & Co., Philadelphia, Pa.

This most popular visiting list published has reached its thirty-second year, and is still being improved. Among the additions to its usefulness we note a concise chapter on the Metric system by Oscar Oldberg, Ph. D., of New York. This book will be bought by all who have used it before,

and by all who may see it now for the first time. We believe it has the largest sale of any similar publication,

**On Slight Ailments. Their Nature and Treatment.** By LIONEL F. BEALE, M. B. F. R. S., Professor of the Principles and Practice of Medicine in King's College, London, etc., etc. Second Edition, Enlarged and Illustrated. P. Blakiston, Son & Co., Philadelphia, Pa.: 1882; cloth; pp. 280. Price \$1.25; paper 75 cts.

An old physician once said to the writer, "It is the little things that will gain for you the most credit." And such we have found to be the case. The only trouble was to find any work that would tell us about the "little things." Ponderous tomes are filled with the most exasperatingly minute inquiries into the nature of the rarest diseases, but the little things are left for the young doctor to work out as best he may. The student may think such things beneath his dignity, but after a year or two of practice he will turn to this work, or a similar one if it may be found, as his best friend.

The introductory chapter is excellent and eminently practical.

Then follow chapters on "The Tongue in Health and in Slight Ailments." "Appetite, Nausea, Thirst, Hunger." "Indigestion." "Constipation and its Treatment." "Diarrhœa." "Intestinal Worms." "Vertigo, Giddiness." "Biliousness, Sick Headache." "Neuralgia, Rheumatism." "On the Feverish and Inflammatory State." "Of the Actual Changes in Fever and Inflammation," and lastly "Common Forms of Slight Inflammation." The book is well indexed and well gotten up. We predict that its former popularity will be greatly increased.

**Rheumatism, Gout, and Some Allied Disorders.** By MORRIS LONGSTRETH, M. D. Attending Physician to the Pennsylvania Hospital, etc. 8 vo., cloth, pp. 280. Wm. Wood & Co., 56 and 58 Lafayette Place, New York. 1882.

Of this work 221 pages are devoted to Acute Rheumatism; 18 pages to Chronic Articular Rheumatism; 10 pages to Gonorrhœal Rheumatism and 26 pages to Gout. We do not discover that the author introduces any thing new on the subject, and we are of the opinion that he omitted some new things which have proved to possess value in the treatment of these disorders. The work gives one the impression of being a compilation rather than an original

treatise, and in some places is crude and ungrammatical. In the chapter on Gonorrhœal Rheumatism we find the statement that, second attacks are less common than those of ordinary rheumatism, which is the reverse of our experience and what we have been taught on the subject. No reference is made to mercury in this form of the disease, or the use of quiniæ, both of which have given us the most gratifying results, and which are highly recommended by good authority, (*vide*, International System of Surgery, Vol. II, page 289). No mention is made of the return of the urethral discharge after the subsidence of the articular symptom, these and many other omissions which might be given have led us to form the opinion above expressed.

In general terms, however, we may commend the book as being the latest on the subject, pleasing in style and arrangement and one which will be welcomed by every subscriber to Wood's Library for 1882, of which it forms the October volume.

**The Physicians Memorandum Book.** Fifth improved edition. Arranged and published by Joel A. Miner, Ann Arbor, Mich. Price \$1.25.

This new visiting list has all the general advantages of books of its class. Its tables of printed matter are as serviceable as in any similar book; its size is that preferred by most physicians; and its variety of blanks covers all that is usually required in such books.

It has, besides, *special claims* to superiority in the *general convenience of its blanks, its Ledger sheets, its Clinical Record, and its Cash Accounts.*

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### Periscope.

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#### **The Curability of Epithelial Cancer and Kindred Ulcers.**

In attempting to write anything upon this subject I do so quite fully realizing the difficulty and embarrassment surrounding it. I am aware of the immense work that has been done and the numberless and radically diverse views concerning the pathology, classification and treatment of such; and concerning all these—except treatment—I shall attempt nothing; but, on the other hand, simply confine myself to a statement of the clinical facts concerning these ulcers just as they have observed in my own practice, feel-

ing that the results I here record are of sufficient value to invite unprejudiced investigation.

I am also aware that many admitting the results will be ready to place the treatments and consequent recovery in the relation of coincidence merely and in no way bearing the relation of cause of effect.

The diversity of classification, nomenclature and pathologic relations of these lesions as held by the better part of our profession is my reason for calling all my cases carcinomatous.

Gross (vol: 1., pp. 260) defines rodent ulcer, lupus, cancrroid and other similar affections to be carcinomatous—essentially, and he defines that class of lesions to be “malignant and having the effect of destroying not only the tissues in which they are located, but also the life of the patient,” and he should have added, that by any means at present generally known, incurable, he would have improved the description.

I will give simply the physical symptoms, history, treatment and results of each of my cases. Every one of the cases here described were treated extensively by one or more good practitioners, and some of acknowledged ability, and the diagnosis as it came to me from my predecessors was in every case “cancer.”

I was led into this particular treatment by the condition of case No. 1, which would not permit the use of the knife in any way and no form of caustic, and the certainty with which death would follow if the ulceration was not arrested.

I will not attempt to give the therapeutic reasoning by which I was induced to use the ergot in the first place, but I will say in the first place that I found that all writers on this subject held that these ulcers progressed by reason of their excessive cell growth or hypernutrition and knowing almost if not every remedy had failed of the cure I could think of nothing—as an effort—more suited to the indications, that of diminishing vitality, vascularity, and capillary circulation, and at the same time as free from objection, than ergot.

I tried it in the first case and the manifest result was astounding to the patient, other physicians who had treated him and myself, and was as incredibly unexpected as acceptable. To the incredulous I will say that the exact correctness of this report is attested by every medical man who saw the case.

Case I. W. W., æt. 67. Applied to me in April, 1876, for the treatment of an ulcer of the left side of the neck

and face, involving the parotid gland and ear ; which ulcer was about four or five inches in diameter, extending from the meatus of the ear downward and forward along the sterno cleido mastoid muscle, the center being below the angle of the lower jaw, and was of an irregular circular shape and surrounded by an elevated, indurated and nodulated margin or roll about one inch in diameter, thus making the extreme extent of the ulcer about six inches. The general depth being about one inch below surface of margin, yet in the center it was deeper, at which point the pulsation of the carotid artery was plainly visible. The floor was covered with indurated, nodulated bodies and the discharge was of a sanious nature, the elevated margin and the floor being quite hard. The cervical, post-cervical and sub-maxillary lymphatic ganglia were much involved, being indurated and tender. He was emaciated, weak, had poor appetite, and colliquative sweats, and the color of his face, which in health had been very florid, was very pale and the exact appearance of the cancerous cachexia in advanced cases. The ulcer commenced in a hardened elevated tumor of the skin just below the point of the ear, growing slowly, not painful at first : when, about two years previous, it had attained the size of a walnut, the ulceration of the surface of the tumor began and pain also set in. The ulceration of the ulcer steadily progressed until it attained the size described, and latterly had frequent profuse hemorrhages, until at the time I saw him death seemed imminent from exhaustion of the carotid vessels. The situation and depth of the ulcer precluded the use of the knife or cautery, and all of the physicians whom he had consulted having told him that his death would shortly occur, at his urgent request I undertook to try something and my investigation led me to try ergot for the reasons stated.

The *fresh* ergot was *freshly* ground to an *impalpable* powder and applied three times daily to the entire face of the ulcer with a large soft hair-pencil, the ulcer being washed thoroughly once every day. The powder was used dry, allowing all to adhere that would. After each application the ulcer was covered with a light muslin rag wet with a lotion of

R	Carbolic acid,	1	drachm.
	Sulphurous acid,	4	drachms.
	Glycerine,	1	ounce.
	Aqua,	2½	ounce.

M. Sig. Lotion.

He was also put upon quinine, iron, codliver oil and the other usual adjuncts to a restorative treatment. In a short time the discharge assumed the appearance of lauda-

ble pus, the induration of the lymphatic ganglia disappeared, the elevated, stony and nodulated periphery subsided, the floor assumed a healthy aspect and in twelve weeks the ulcer had entirely healed and has remained so up to the present time. His general health rapidly improved and up to this time has been continuously good. This gentleman had an uncle to die of a similar ulcer and an aunt of cancer of the breast. All of the physicians who treated this case previous to myself were and are confirmed that it was epithelial cancer.

CASE II. Mrs. E. K., æt. 40, married, no children. This case was sent me from an adjoining county in March, 1877, by her family physician, with the statement that she was suffering from cancer of the left breast of about three years since it began. I found the body of the gland entirely destroyed and its site occupied by an excavated ulcer about five inches in diameter and an average depth of about one inch. Margin elevated, indurated and nodulated. The ulceration was in active progression, her general system much depressed, loss of appetite, colliquative sweat, etc. The lymphatic ganglia of the left axilla were enlarged, tender and indurated, in fact were so coalescent with the margin of the ulcer that I could discern no line of separation. The super clavicular glands of the left side were extensive, indurated and enlarged. This case began as the preceding—by a small scaly movable tumor of the skin near the nipple. Her family history showed no case of cancer. The treatment of this case was precisely the same as case No. 1, yet the recovery was not so rapid and it was not until August following that the ulcer was covered by a cicatrix, and not until December that all induration and tenderness had disappeared, and up to this date it has shown no sign of recurrence. Her general health has also remained good.

CASE III. Andrew B., aged 70. Applied to me in October, 1877, with an ulcer of the outer angle of the left orbit, about two inches in diameter, with an elevated, indurated and nodulated margin. The ulcer being sunken, the floor being covered with tuberculated elevations, the discharge slight and sanious, and the ulcer painful. It was of about twenty months, standing and commenced with a scaly tubercle of the skin, which ulcerated about a year before I saw it. This case had been treated by two excellent physicians before I saw it, both of whom pronounced it epithelial carcinoma. This case was treated by the application of the dry powdered ergot three times daily, washing it once daily and at all times keeping it free from any crust or scab. This ulcer healed nicely in two months and has shown no sign of return.

CASE IV. Thomas H., æt. 55. Applied to me in March, 1879, with what his physicians had told him was cancer of the lip of one year standing. I found him suffering from a fungoid ulcer of the mucous margin of right side of lower lip, very painful and bleeding frequently. I removed the fungous mass by scissors and applied the ergot as in the preceding cases, which soon produced an *excavated* ulcer about three-fourths of an inch in diameter, and under the continued use of the ergot the ulcer filled up by granulations leaving but a slight scar. This patient had an older brother to die from an ulcer of the lip exactly similar to his own as far as it proceeded.

CASE V. M. D. B., æt. 75. Came under my treatment in 1875 with an ulcer of the nose of ten years standing. He had been treated by a number of physicians, but with little benefit. In 1877 I commenced applying the ergot and succeeded in arresting the ulcer in the locality ulcerated, yet it would ulcerate in new places until 1881 when it died.

CASE VI. J. G. C., æt. 45. Applied to me in March, 1880, with an excavated ulcer, one inch in diameter, of the right upper eyelid, of eighteen months standing, which had been treated by three reputable physicians, all of whom pronounced it cancer. His mother died of scirrhus of the breast. The application of ergot was used and in six weeks the ulcer was healed and there has been no return.

CASE VII. John S., æt. 65. Applied July, 1880, with carcinomatous ulcer of right side of cheek, near the nose, of two years duration. The case was very similar to Case VII. The ulcer being somewhat larger. The ergot was used and perfect healing resulted in two months and no return to date.

CASE VIII. George D., æt. 48. Applied January, 1882. Ulcer of left side of the nose, one inch in diameter, twenty months duration. Healing resulted in five weeks under same treatment.

CASE IX. Joseph H. L., æt. 70. Applied March, 1882. Ulcer of tip of the nose, of three years duration, one and one-half inches in diameter. Treatment as before and recovery in four weeks and no return.

CASE X. John S. W., æt. 60. Applied September, 1880. Ulcer of left cheek, two inches in diameter, excavated with raised edges, of two years duration, and very painful. Treatment as before and recovery in four weeks and no return.

I have tried the ergot in two other cases of carcinoma, but both were of the deep-seated scirrhus form, one of the

fauces, the other of the mammary gland, but the effect, if any, was not perceptible.

In this article I have given the facts just as they occurred and leave it to others to judge of them, at any rate I have great confidence in the ergot and shall at present continue its use in similar cases, not caring or asking whether they are rodent, lupus or carcinoma.—*Dr. Collins in Lancet and Clinic.*

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#### **Viburnum Prunifolium.**

In the August number of the *Gazette* I noticed a communication from Dr. W. S. Gilmore upon the dangers of the indiscriminate use of this drug, and having had a similar experience I deem it to be in the line of duty to record it. Next to ergot I place more dependence upon viburnum in the treatment of diseases of females than any other agent for internal administration. Its action is not limited to the prevention of miscarriage by any means, but it is alike applicable in cases of uterine engorgement, ovarian irritation and the numerous conditions of the female sexual organs. Before reading Dr. Gilmore's article I had noticed in three or four cases that my patients had slight dimness of vision, impediment to speech, dizziness, dryness of the mouth and throat, and at times an unsteady gait, towards the end of my treatment of the cases, when the patients were nearly or quite well of their uterine troubles. I attributed them to general weakness, or, at least, some cause other than the use of viburnum; hence I gave these symptoms less attention than I otherwise would, the patient recovering promptly from them. I now know they recovered upon my discontinuing the viburnum, a fact that then escaped my notice, as the medicine was discontinued at or near the time of the patients' recovery from their uterine disease. But at the time I read the doctor's article in the *Gazette* I was sorely perplexed to account for certain symptoms in a young lady patient then under treatment. The case was that of a lady twenty-six years old, unmarried, and a school teacher by occupation. She had been sent to me by Dr. McNabb, of Newargo, this state, to be treated for retroversion of the uterus; it was an aggravated case, the patient having been bed-ridden, for two years, and suffering with all the neuroses usually found in such cases. There was tenderness along the spine, ovarian neuralgia, pain in the top of the head, with excessive trembling upon the slightest excitement. These tremblings would be brought on by a person speaking to her suddenly, or by a stranger entering the room, shutting of a door, etc.; this symptom

was so bad at first that I found it almost impossible to make a vaginal inspection. I commenced treatment by replacing the uterus and holding it in position for the first three days with cotton tampons saturated with glycerine; these I changed every day and at the time of changing gave her gallon injections of hot water at 100 degrees F. to reduce the cervicitis; after this time I adjusted a "soft rubber and silver wire pessary which held the uterus in place nicely, but continued the hot injections while the pessary was still *in situ*. In addition to this I gave internally fl. ex. black haw and ergot equal quantities, a teaspoonful each in four hours; also, bromide of ammonium in ten gr. doses three times a day. This medication was continued uninterruptedly for three weeks when she had almost entirely recovered from her nervous troubles and was able to walk three or four blocks, besides riding for an hour each day (pretty good results considering she was brought to the city on a bed). At about this time she commenced to complain of a dizzy feeling in the head, dryness of the mouth and throat, spells of difficult breathing, pain in the eye-balls, and an inability to complete her sentences; when speaking her voice was indistinct, and she would stop in the middle of a sentence and then commence upon another subject entirely foreign to the one she was talking about. To this was added an unsteady gait quite similar to *locomotor ataxy*, for when she arose from a chair it was with the head thrown partly backwards and the eyes fixed upon the wall opposite; in this position she would slowly rise to her feet and walk off unsteadily with the head in the same attitude as when rising. Twice she fell down while walking, but did not entirely lose consciousness. She expressed her feelings by saying her legs gave out and she was going to fall. I began to think that perhaps I had made a mistake in diagnosis, and that her nervous troubles did not depend entirely upon her uterine disease, but perhaps upon organic disease of the spinal cord and brain instead. When I read Dr. Gilmore's article the similarity of the symptoms detailed by him and those of my patient led me to suspect that the black haw might have something to do with the condition of this patient, and I determined to leave it off. I did so but continued the bromide of ammonium, and in two days, to my great surprise, everyone of the unpleasant symptoms had vanished, and the patient continued uninterruptedly to recover, being able at the end of ten days to leave the city for her home. She has steadily improved and now enjoys her former good health. A case as striking as this in connection with the others preceeding it, and

those reported by Dr. Gilmore has quite naturally, I think, led me to believe that viburnum has other properties than those ascribed to it; and while it is an excellent remedy for the diseases above mentioned, it is by no means harmless or devoid of danger, but, on the contrary, is capable of producing dangerous results, and should be given with circumspection, discontinuing it upon the first symptoms of dryness in the mouth and throat. The bad results obtained by Dr. Gilmore came on much sooner than in my case, his patient complained of the dizziness, and the dryness in the throat upon the second day, but that is doubtless accounted for by the fact that she took it every hour in one-half to three-fourth teaspoonful doses, while my patient only took it once in four hours and then only in one-half teaspoonful doses. My other cases, however, were affected sooner I believe, though I cannot tell now just how they had taken the drug. I shall in the future carefully watch its action, and I think others will do well to do so.—*Dr. E. O. Herrick in Obstetric Gazette.*

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#### A New Method of Treating Uterine Hemorrhage.

Physicians of experience know the extreme difficulty, sometimes, of arresting uterine hemorrhage, the uterus seeming to defy all remedies, and pouring forth the sanguineous fluid in spite of astringents, ergot, the tampon, etc., etc. The danger of uterine injections often causes physicians to hesitate long before resorting to them. I have been frequently placed in this dilemma, and although I have used injections successfully, yet I must admit that I always felt relieved when I found that the injection had not produced any dangerous consequences.

In view of the foregoing considerations I concluded to take a departure from the usual methods, as will be seen in the report of the following cases:—

CASE 1.—During the latter part of October, 1881, I was called to see Mrs. H., who was suffering from severe uterine hemorrhage. I treated her with the ordinary remedies, but without producing any permanent benefit. The tampon, applied again and again, would, of course, produce temporary suspension of the flux, but upon its removal the hemorrhage would return as badly as ever. The constitutional effects resulting from the loss of so much blood becoming alarming, I concluded something must be done.

At my next visit I took my uterine applicator and placed upon it a spiral slide, leaving about three inches of the point uncovered. The point I wrapped with absorbent cotton in the same manner as for endometritis, with the

exception that the end next the slide I made considerably thicker than the rest, and tied a thread around it, so as to withdraw the cotton when its purpose was accomplished. I then dipped the cotton into glycerine, and dusted it effectually with powdered persulphate of iron. I then exposed the os with a speculum, and passed my loaded applicator into the uterine cavity, and with the slide pushed off the cotton and left it. From that time my occupation in this case was gone. She made a rapid recovery.

CASE 2.—March 30, 1882, was called to see Mrs. W., who had been suffering with uterine hemorrhage for two months. I was of the opinion that she had had an abortion, but she denied it. She had been under the care of another physician, who had treated her with the usual remedies, the principal one being ergot. Her clothing and bed showed very plainly the severity of the hemorrhage. I also found several clots in the vagina. I used the persulphate in the same way as in Case No. 1. When leaving I requested her to let me know in a few days how she got along. In about a week I received a note from her saying that the hemorrhage ceased from the time of the application, and that there had been no return. I have met her several times since, and she was quite well.

CASE 3.—Mrs. R. aborted about May 1, 1882. I saw her June 29th. The attending physician had gone through the usual routine of remedies, administered internally, apparently without any benefit. I immediately made an application of the persulphate of iron after the same manner as described in the former cases, and the result was an immediate arrest of the hemorrhage. She was in my office to-day, and as I had this article partly written, I asked her the particulars of her case. She said she had "wasted" for eight weeks, and that she had taken ergot nearly all of that time; and also that there was scarcely any discharge perceptible after I introduced the tent, and that there had been none since, beyond her periods.

It seems to me that this is a much more rational method of treating uterine hemorrhage than by either internal remedies or by injections. That it is much safer than by injections no one can deny, and I would not hesitate now to depend upon it, to the exclusion of all other remedies. This preparation of iron is used *ad libitum* in gynæcological surgery, without injury, and I am satisfied that it is equally as beneficial and harmless in ordinary uterine hemorrhage.

I am of the opinion that the benefit derived from this plan of treatment is not altogether from the styptic action of the iron, but that a portion of it arises from the intoler-

ance of the uterus to any foreign substance in its cavity, the muscular fibres contracting forcibly to expel the intruder, and I cannot see why an ordinary case of uterine hemorrhage could not be treated successfully by non-medicated tents alone.—*Dr. M. R. Barker, in Med. and Surg. Rep*

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#### Note on Delivery of the Placenta.

The diversity of usage which still obtains in the management of the third stage of natural labor, prompts this brief note, in the hope of eliciting the views and practice of the Society.

The points to which I wish especially to invite attention are the method and the time of placental delivery. These comprise a larger part of the treatment of the placental stage, the management of which is, perhaps, the most important office of the obstetrician in the conduct of natural labor.

The preferred method of delivering the placenta is that of Crede, of Leipsig. In Germany this method is now used to the exclusion of almost every other, and it would seem that so eminently judicious and rational a procedure could not fail of universal adoption. That such is not yet the case, is possibly due to the fact that in many of the standard works on obstetrics, the Credean method, if mentioned at all, is more or less imperfectly stated. The Credean procedure is not identical, as claimed by Barnes, with that taught by Hardy and McClintock, and long practiced in England. It differs essentially from the practice of the Dublin school, which consists in expelling the afterbirth by crowding the uterus downward in the pelvic cavity by pressure on the fundus. It does not contemplate the mere expression of the placenta by compressing a uterus still flaccid from inertia, as might be inferred from the statement of one of the latest text-books. On the contrary, the essence of the German method is compression of the uterus during contraction, and with but slight downward pressure.

The Credean method is practiced as follows: The obstetrician laying his hand flat upon the abdomen of the patient, stimulates the uterus to contract by moving the abdominal wall in a circular manner over the uterus. The friction, gentle at first, is increased till the uterus contracts. At the height of the uterine contraction the upper segment of the uterus is firmly grasped with the hand, the fingers

over the posterior, and thumb over the anterior surface. The placenta is thus expressed from the uterus, only enough downward pressure being used in the axis of the uterus to maintain a firm grasp. Failing in the first attempt, the compression may be repeated with each uterine contraction till successful, friction being continued meantime to maintain the retraction thus far accomplished, and to provoke further uterine efforts.

It is the peculiar merit of this method that it, more closely than any other, imitates the natural process of placental expulsion. Moreover, it is designed to supplement the expulsive efforts of the uterus, not to replace them. It maintains firm retraction of the uterus till the afterbirth is expelled, keeps the uterine vessels securely ligated, and prevents the formation of deep coagula in the uterine sinuses. It favors, more than any other plan, permanent uterine retraction after the delivery of the placenta. Potent for good, it is incapable of harm.

Some practice is undoubtedly necessary to the utmost facility in this procedure, but the knack once acquired, other measures will be very rarely called for.

With reference to the time of placental delivery, the prevailing practice, in the judgment of the writer, favors too long delay. Dr. Playfair, following the teachings of McClintock, says that no attempt should be made at delivery of the placenta till twenty minutes after the expulsion of the child. Certain other obstetric writers sanction even longer delay. The arguments of Dr. Playfair in support of his practice are that time is thus allowed for recovery from the shock or exhaustion of the second stage, for the separation of the placenta, and for the formation of coagula in the uterine sinuses. While these would be valid reasons for delay under the old practice of placental extraction, they do not forbid early resort to the Credean method. As a rule, after the ligation of the cord, the sooner the uterus can be made to cast out the placenta the better for the patient.

There is surely no exhaustion of the uterus when it can be provoked to contract by gentle friction. Again, the very agency by which separation of the placenta is accomplished is uterine contraction and retraction. Against the dangers of post-partum hemorrhage, the chief security lies in the ligation of the uterine vessels by retraction of the muscular structures. Coagula in the uterine sinuses are a feeble barrier against hemorrhage. Moreover, thrombi extending into the intermuscular portion of the uterine veins are a positive source of danger, from their liability to in-

fection. Promptness, again, facilitates delivery. By too long waiting the way may be narrowed by the contraction of Bandl's ring, and the difficulty of expulsion be thus increased. As a rule, then, the placenta should be expelled as soon as its function is ended; that is, as soon as the infantile circulation is established and the cord divided.

A word with reference to the use of ergot may not be out of place. Prof. Lusk disparages the exhibition of this drug before the afterbirth is delivered, owing to its tendency to induce so-called hour-glass contraction. In my practice a drachm of the fluid extract of ergot is given by the mouth in every case—or its equivalent hypodermically—as the head passes the vulva. Under the above management of the placenta, it is expelled before the effect of the drug is developed. I should be unwilling to sacrifice the advantage gained by prompt and complete retraction of the uterus, through fear of a possible danger so seldom realized.

In conclusion, I submit the following summary:

Use constant friction or uterine massage after the delivery of the head, for the double purpose of maintaining retraction and provoking uterine effort.

Supplement the uterine efforts, if need be, by compression.

After the placental expulsion, continue friction till retraction is complete and permanent.

Use ergot on the birth of the head to promote the prompt and perfect completion of the third stage. Aim to deliver the placenta, as a rule, directly after, not before, the ligation and division of the cord.—*The Proceedings*.

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**Salicylate of Soda (1) In Tonsillitis, and (2) As a Local Application in Gout.**

Edward Mackey, M. D., Brighton, contributes the following to the *British Medical Journal*:

1. A paper by Mr. Hormazdji, recently published in a contemporary, treats of a clinical point deserving, I think, more attention than it has yet received—I refer to the value of salicylates in tonsillitis. The good effect of these salts, when prescribed for that complaint, has been illustrated by the clinical records of Fowler, L. Browne, Hunt, and others, in the *Journal* of one or two years back; but is not yet so widely recognized as to be independent of further evidence. My personal experience is not large, but is based upon several very severe and acute cases in which ulceration had occurred before salicylate of soda had been administered. It was then given in ten-grain doses every

two to four hours, and in each case I was struck, not only by the lessening of the pyrexia, but also by the relief credited by patients themselves to each dose of the remedy—much as one almost expects to hear of it in acute rheumatism. One surgeon, himself a sufferer, notes marked relief within twenty minutes (*Mid. Med. Miscel.*, No. 6).

Hormazdji recommends twenty-grain doses; and having noted relief in fifty-seven cases of tonsillitis caused by cold and damp, concludes that such cases give the best results, and that, when the malady arises from bad air or drainage, it is less amenable. This seems reasonable, but is not exactly my experience. For instance, of a family of nine children living in a house too small for them, and defective as to drainage, five in succession got severe acute tonsillitis, several having a temperature over 103 degrees Fahrenheit and nocturnal delirium, and all going on to more or less ulceration. The earlier cases got a calomel purge, small frequent doses of aconite and potash-chlorate, sulphurous spray, a benzoin inhalation, and ice; later, iron; they were relieved within thirty-six hours, but all relapsed on the third day. It was only when the sixth child—a delicate one—was attacked, that I had become aware of this use of the salicylates, when I found him suffering with severe throat symptoms like the others, I ordered, after his purge, five grains of the soda salt every two hours in liquor ammoniæ citratis. The boy, who expected the same illness he had seen his brothers and sisters go through, expressed with surprise relief from the first few doses, was free from pain in twenty-four hours, had a very slight patch of ulceration, and no relapse. (The above prescription, which I gave this patient, should form a clear colorless solution, which agrees well, but, when dispensed by some chemists, I have known it turn brown, and cause irritation and vomiting; for this I have no satisfactory explanation.) Since this note was written some half-dozen other cases of ulcerative tonsillitis have shown similar good results with the same remedy; of course, when actual suppuration (quinsy) has occurred, equal relief will not be expected.

2. N., a man nearly 70, with what he called "compressed gout," showed an inflamed and swollen great toe, and complained of characteristic burning pain and tension in it and in the whole foot. He had several attacks before, never so bad as this; and had no sleep for three nights; overworried lately; he had probably exceeded in sherry; he was thin, weakly, and subject to diarrhœa. I ordered a lotion containing salicylate, two drachms to eight ounces. of water with one or two drachms of laudanum, to be.

applied warm on lint with oiled silk; also ten grains of the salt internally every four hours. The lotion arrived first, 9 p. m., and was applied at once; in ten minutes the pain was relieved, the patient went to sleep, and had a good night; the medicine was not commenced till next day. He kept in bed, as ordered, three days, and had no severe return; he went out too soon, and ten days after got a partial relapse, which yielded to the same remedy.

Another gentleman, also nearly 70, and long subject to irregular gouty attacks, got a sudden acute development of the malady in one finger and an elbow-joint, a slighter one in the big toe; for twenty-four hours he objected to any local application as too troublesome, and took iodide of potassium with magnesia, etc., on the second day however, he was glad to apply the salicylate lotion, and reported quick and marked relief from it. Since the date of these cases, similar ones have been recorded by other observers.

In a third case, of a young married lady with very marked gouty family history, the immediate cause of desiring advice was an eruption of lichen planus on the arm. A salicylate lotion, containing also a little prussic acid, suited this patient extremely well; though in a more chronic case of the same kind, but with extensive systemic disturbance (as usually associated with this eruption) it proved of no more service than other remedies. Its specialty lies in relieving gouty and rheumatic joints, which it seems to do even better than the ordinary alkaline compounds.

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#### Ear-ache.

Another way of stating that atropia paralyzes a peripheral sensory nerve is given by Dr. A. D. Williams in Martin's *Chemists' and Druggists' Bulletin*. He says, what physician has not been puzzled to know what to do for the constantly recurring ear-aches of children at night? The most effectual treatment, and the one that has stood the test of years, is the local application of a solution of the sulphate of atropia. Not a single case but has yielded at once. The solution is to be simply dropped into the painful ear and allowed to remain there from ten to fifteen minutes. Then it is made to run out by turning the head over, then being wiped with a dry rag. The solution may be warmed to prevent shock. From three to five drops should be used at a time. The strength of the solution must vary according to the age of the child. Under three years, one grain to the ounce, and over ten years four grains to the ounce of

water. In growing persons almost any strength may be used. All ages will bear a stronger solution in the ear than in the eye. The application should be repeated as often as may be necessary. Usually a few applications will stop the pain. In acute suppurative inflammation of the middle ear, and acute inflammation of the external meatus, atropia will only slightly palliate the suffering, but in the recurring nocturnal ear-aches of children it is practically a specific.—*Chicago Med. Review.*

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#### Clinical Remarks on Boracic Acid.

For a long series of years we have been drawing the attention of the profession to what we have been pleased to term a rational treatment of external diseases of the eye, and each year has been marked by decadence of the old astringent-caustic plan.

We believe it was Lister who popularized boracic acid, for a long time a secret remedy in Belgium.

Worlomont claims more benefit from its use in external ocular affections than from all other remedies. It has found other strong advocates, among whom we may mention, Panas, of Paris; Theobald, of Baltimore; and Masse, of Bordeaux.

Probably now a large number of oculists use boracic acid more or less, and it is without doubt a remedy of very general application and of great utility. The basis of its action is without doubt its toxic effect on parasitic growths, and hence its value in catarrhal and purulent affections, most clearly demonstrated in purulent otitis media, where the most brilliant results have been shown.

We are not aware that great stress has been laid on its use in blepharitis marginalis, though we know it has been used for this disease. The fact is, since the relation between strain on the eye and blepharitis marginalis has become known, and that the great remedy in connection of the anomaly in structure or balance of muscles, unguents have lost largely of their importance. All the old pencillings with nitrate of silver, smearing with nasty mercurial salves have practically gone by.

For two or three years in both private and dispensary practice, when we have written for anything in this, it has been three per cent or four per cent of boracic acid in vaseline (15 to 20 grs. to the oz.), and we can vouch for its answering every purpose.

We never treat a case of purulency now without confining the cleansing of the eyes to solutions of boracic acid,

- and for the milder forms in which we are unable to personally carry out the treatment we allow nothing else. In the severe form we apply once a day, the yellow oxide and vaseline as used for so many years by myself, and perhaps in addition, a solution of eserine.

It is quite generally known now that antiseptic precautions have obliterated in both hospital and private practice, the ophthalmia of new-born children, and as a prophylactic we must earnestly advise the exclusive use of boracic acid solutions, and the entire discarding of carbolic acid, since it is extremely annoying and practically demonstrated to be valueless as an antiseptic, and we need not say astringents should be treated in the same way.

Boracic acid, moreover, can claim the virtue of being inert and painless.

It is certainly firmly established now that a true purulent conjunctivitis is due to the presence of a micro-organism definitely fixed and known, and any treatment or remedies to be rational must be parasitocidal. We still adhere (and all investigations confirm the view) to our so often asserted opinion, that *mercury* is the great antiseptic, but there are conditions and circumstances that render other remedies better applicable. We firmly believe that the strikingly efficient action of mercury in catarrhal conjunctivitis and trachoma, demonstrate the parasitic nature of these affections, though now we have had found for us the microbe of trachoma by Hubert Sattler of Erlangen.—*Dr. W. W. Seely in Lancet and Clinic.*

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#### Chronic Malarial Hæmaturia.

Prof. Orendorf recommends the use of strychnia under the skin in this disease. This drug, he says, stands at the head of the vaso-motor stimulants, and is especially useful in low vascular tension. It should be administered in full doses, that the relaxed vessels may be made so tense as to prevent exudation. By full doses is meant the amount required to produce the desired effect; which is to stop leakage. Therefore, if one-thirtieth of a grain does not suffice, push it to one-twentieth, to one-fifteenth, and then to one-tenth; repeating sufficiently often to secure and keep secured the physiological action of the drug.—*Chicago Medical Review.*

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ALEXANDER (*Archiev. of Dermatol.*) cites three cases in which inflammatory pustules developed under the use of sulphide of calcium and disappeared after its discontinuance.

# THE PEORIA MEDICAL MONTHLY.

THOS. M. McILVAINE, A. M., M. D.,

*Editor and Publisher,*

204 South-Jefferson Street,

PEORIA, ILL.

\*. All exchanges, books for review, and communications must be addressed to the Editor and Publisher.

\*. The publication day of this journal is on or about the 15th of each month.  
\*. To subscribers! A pencil mark at this place indicates that the time of your subscription has expired, and that a prompt renewal is urgently requested.

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## Editorial Department.

### Notes and Comments.

A colored woman aged 108, died recently on Long Island.

Chicago Medical College has about 160 students for the new term.

Prof. Hildebrandt of Konigsberg, the distinguished gynecologist, is dead.

Drs. Yandell and McMurtry succeed Dr. Holland as editors of the *Louisville Medical News*.

Idiopathic Emetocatharsis is the name given to cholera morbus by a writer in an Atlantic journal.

Of seventy-eight graduates of Yale who died in 1881, the average age was 77 years. The oldest was 96.

Dr. Hauxhurst, of Battle Creek, Mich., was a disbeliever in vaccination. He died in Paris of small-pox. Enough said.

Rush College, Chicago, opened with over 470 students. The largest number at the opening of any term in its history.

"Doctors and mackerel," says the *Boston Post*, "have this in common ; they are seldom caught out of their own schools."

The new year approaches, kind readers. We hope it will remind some of you of your renewal to this journal now due.

The College of Physicians and Surgeons, Chicago, has matriculated 138, most of whom take the three years graded course.

The formula on page 262 of our October issue should be corrected to read—

Terebin.,

ad 4 ounces.

A case of pruritus and urticaria was cured by jaborandi, five minims of the fluid extract being administered three times a day.

Dr. J. J. Woodward has returned from his trip to Europe. We are sorry to learn that his health was not greatly benefited thereby.

Dr. H. Pidoux, the distinguished co-laborer with Trousseau in the authorship of the "Treatise on Therapeutics," died on the 4th of August.

The president of Mexico has ordered a monthly payment of \$30 to be made to a lady of distinction who has engaged in the study of medicine.

We will try to give a history of the fight in Cook County Hospital in a future number. We know it will be of interest to many of our readers.

Philadelphia was visited during the past spring by an influenza of extraordinary severity, causing many deaths from pneumonia and other forms of disease.

Dr. T. Gaillard Thomas has accepted his former position as Clinical Professor of Diseases of Women in the College of Physicians and Surgeons, New York.

An abortion case was lately tried in Chicago, in which a post-mortem showed that the victim had never been pregnant. The girl died from metro-peritonitis.

Prof. Volkmann has declined to leave Halle to become the successor of Langenbeck in Berlin. At last accounts, Prof. Bergmann, of Wurzburg, had been elected to the vacancy.

Dr. B. W. Richardson, the distinguished advocate of temperance in England, has lately presided at a meeting at Exeter Hall to organize a society for the suppression of juvenile smoking.

A society of young men has been formed in England for the purpose of inducing females to abandon all modes of dress inimical to health and hygiene, and to the proper development of the human form.

Cholera is still making fearful ravages. The deaths in Manilla alone during a part of September averaged 300 daily. In the province of Yloilo there were 4,550 deaths during the last two weeks of August.

Dr. Joseph M. Toner, of Washington City, has donated his library to the U. S. government. The entire collection of books, pamphlets, manuscripts and periodicals, amount to twenty or twenty-five thousand volumes.

Stir up! Stir up! Write for this journal; report a case; give your successful treatment. Ventilate your medical or ethical ideas. (You would feel insulted should any one insinuate that *you* have no ideas and can't write.)

Dr. A. W. Smyth, of New Orleans, to whom belongs the credit of having performed the only permanently successful ligation of the innominate artery, has recently been appointed superintendent of the U. S. mint in that city.

New York has a second post-graduate college. The *Detroit Lancet* thinks New York has room for forty or fifty more, and that they are a good thing. The next thing we expect to hear is that Detroit has started a few of the same kind.

During the last ten days of August there occurred in Yokohama and vicinity 465 new cases of cholera and 281 deaths. The total number of cases since the commencement of the epidemic (April last) reaches 3,509, and the deaths 2,223.

Dr. Ralph Walsh has temporarily suspended the publication of his valuable *Retrospect* on account of increased duties as director of the National Vaccine Establishment.

We hope the *Retrospect* will appear again on our table before many moons.

Should babies' milk be boiled? asks the *College and Clinical Record*. Now this shows how much the subject of infant dietetics is being over-studied. We cling to the old-fashioned view that babies should not be milked anyway, much less have their milk boiled.

The commissioner of education of the United States reports that there are now 72 regular, 6 eclectic and 12 homœopathic medical colleges in the country. We believe that the numbers given might be increased by one-half and go very wide of the mark.

An English Duchess once sent for the notably uncerimonious Dr. Jepson. The Dr. was so off-hand with her grace that she turned angrily upon him and demanded if he "knew to whom he was speaking?" "Oh yes," replied the doctor, "to an old woman with the belly-ache."

A complicated case is reported from Fort Worth, Texas. An irregular practitioner made a diagnosis of "Erysipelas from the toes to the knees; measles from the knees to the waist, and seven years itch from the waist to the top of the head." A number of persons whose curiosity impelled them to visit this phenomenon, contracted small-pox.

A New York doctor, worried, worn and weary  
With dust and heat and circumstances dreary,  
Resolved to rusticate and go a fishing,  
And so he bids John tell all persons wishing  
His counsel that a case of *ichthyosis*  
Has called him out of town in consultation.  
His patients set him down a second Moses,  
And propagate abroad their admiration.

—*Pacific Med. and Surg. Journal*.

The charts we offer are a source of great annoyance to us, because so many send for them that we are always in hot water to get enough to supply the demand, and we dislike to ask our friends to wait a few days for them. Still it is the kind of hot water we like to be in, for it shows how fast our journal is spreading, and we hope the shower will continue. We will do our best to send the charts at once, but if we can't, do not be afraid; you will get them as soon as we can get them.

Dr. Fothergill thinks that the American Medical Association had better go "a little slow" about establishing the proposed journal of the American Medical Association. He thinks the management of the *British Medical Journal* has been very poor, and that it is really a failure so far as its object to bind the profession together and unite their interests is concerned. The editor is given so much power, or has usurped it, that the association is kicking strongly against it. We are in favor of the new journal in preference to the old cumbersome volume of transactions, but we admit some doubts as to its longevity and perpetuity.

THE ARTICULATIONS.—The following arrangement of the names descriptive of the various articulations, is by Dr. James L. Little, Professor of Surgery in the University of Vermont, and of Clinical Surgery in the University of New York :

Enarthrosis, bone to bone,  
     Femur, Acetabulum;  
 Ginglymus, the hinge I see,  
     Forwards, backwards swings the knee.  
 Arthrodia, near the end,  
     Glide along the foot and hand;  
 Synchronosis, we allege,  
     Calls for costal cartilage;  
 Syndesmosis—ligament,  
     Binding bone to bone is meant.  
 Syssarcosis—lower jaw.  
     Flesh from ribs to scapula.  
 Suture, a stitch withal,  
     Coronal, lamdoid, sagittal.  
 Harmonia—Tipperary,  
     Rhymes with supramaxillary.  
 Schindylesis—plowing done—  
     Vomer in the sphenoid bone.  
 Gomphosis sets all things right;  
     Tooth in socket pretty tight.

—*Michigan Med. News.*

We hope sufficient enthusiasm will be aroused in the editorial breasts of our many exchanges, to work up a full meeting of the Association of American Medical Editors at the Cleveland meeting next year. In union there is strength, and by working in harmony and to the same ends, this association can exert an influence in the profession not excelled by the American Medical Association itself. Besides this, from a meeting of this kind, if well attended and heartily entered into, not one could go away without some thought or idea that would prove invaluable to his

journal. By all means, brother editors, turn out and bring a short paper on some practical subject with you.

The ever bright and always pertinent *Michigan Medical News* has a hard task on its hands, that of regulating and correcting and chastising the medical faculty of Ann Arbor, and, it might be added, defending itself from the back-kicks of said faculty. But the *News* needs no backer in the fight; it is always able to take care of itself. The medical department of the University of Michigan is always in hot water about something, and the best thing, perhaps, that could be done under the circumstances would be to sink the leaky old craft in Lake Michigan and begin over again. The medical public, we opine, is about tired of reading endless accounts of its squabbles, or wading through pamphlets scattered promiscuously around at meetings of various medical societies.

#### Some Things That May Interest You.

FOR SALE—Retail Drug Store in live town, 18 miles from St. Louis. Also one of the best locations in the state for a good physician, with house (9 rooms), good stable, one-half acre land and a good practice. Reasons, poor health. Address,

F. A. SABIN, M. D.,

Troy, Madison Co., Illinois.

ST. LOUIS, Aug. 25, 1882.

Surgical practice does not frequently proffer the opportunity of employing nervo-tonic remedies, and therefore I am perhaps not competent to fully judge the therapeutic virtues of Celerina, a compound lately introduced by J. C. Richardson, Esq., of this city. I have however used it, and with very satisfactory results in at least twenty appropriate cases, and feel persuaded that it develops most happy actions, and that it deserves the attention of medical practitioners, more especially of those employed in the treatment of nervous afflictions. I shall certainly continue to test it more fully, and report my observations in due time.

LOUIS BAUER, M. D., M. R. C. S. Engl.

Professor of Surgery in and Dean of College of Physicians and Surgeons, St. Louis, Mo.

CHICAGO, ILL.

I have been using Celerina in nervous diseases, particularly functional diseases of the heart, for some time, and I am satisfied that as now prepared it is a useful remedy.

E. FLETCHER INGALS, M. D.,

Prof. Physiology, Hygiene and Clinical Medicine, Medical College of Indiana, Indianapolis, Indiana.

ST. LOUIS, Aug. 25, 1882.

The concentrated extract of *Pinus Canadensis* has established for itself the most unqualified commendation as an astringent, and it scarcely requires any further affirmation on my part.

LOUIS BAUER, M. D., M. R. C. S. Engl.

Prof. of Surgery in and Dean of College of Physicians and Surgeons, St. Louis, Missouri.

ST. LOUIS, MO.

Kennedy's Compound Extract *Pinus Canadensis* received. It is the only astringent I use in the throat. I consider it a very valuable preparation.

THOS. F. RUMBOLD, M. D.

**Correspondence.**

BRAZEAU, Perry Co., Mo., Nov. 5, 1882.

*Editor Peoria Medical Monthly:*

Dr. Suloff, in the October number of the *Monthly* asks "somebody to suggest a good method for collecting bills." My experience in that important branch of our profession has been chiefly at Murphysboro, a mining town in Southern Illinois. I soon realized that collecting bills, like all other duties of the practitioner, required judgment and tact; the character and pecuniary condition of our customers must be studied as closely as the temperament and idiosyncrasies of our patients. There is one class of customers that need very little attention here, viz: those that really pay their bills without the advice or aid of their physicians. It matters not if you are a Greenbacker, nor what your views were of Illinois' proposed "Truck-bill." If you cannot get cash, take something else. Among men working at public work, I very often took orders on their paymasters.

It is much harder for them to refuse their signatures than to say that they have no money and promise to pay "next pay-day."

It is better, of course, to take a number of small orders than one large one. Among your producing customers be very accomodating; take any product which you can make use of yourself, or sell.

I have sometimes found it expedient (in Illinois) to sue for labor before a remote esquire, where it would be inconvenient for the defendant to appear in answer to his summons, get a "labor judgment" and proceed accordingly. Don't let your bills get too old; they deteriorate by standing open.

Don't be afraid of losing practice by collecting closely, for it is one of the best ways of holding it. Your patient probably owes all the other doctors in town, and sends for you because he has paid you, and consequently feels snre that you will attend him. Attend to your own collecting; you cannot trust to agents. Finally, we will meet with some that no *art* can reach; those we had better turn over to nature, especially when they get sick.

M. F. ROLANS, M. D.

# THE PEORIA MEDICAL MONTHLY.

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VOL. III.—DECEMBER, 1882.—No. 8.

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## Original Communications.

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ART. I.—Bacteria. BY ROMAINE J. CURTISS, M.D., Joliet, Ill.

The following is taken from the *Medical and Surgical Reporter*, and as it is put forth with some assurance, and is certainly widely circulated, it merits attention:

### THE LATEST ABOUT BACTERIA.

This time it comes from America.

Dr. Formad, of Philadelphia, has made some experiments, from which he is led to believe that, contrary to the generally accepted view, bacteria are not the cause *per se* of disease, but are merely the vehicle of contagion, the means by which the poison of certain diseases is carried from one organism to another. He has found the tubercle bacilli of Koch, or, at least, bodies identical with them, in the sputa of nonphthisical patients.

He has taken matter infested with the diphtheritic micrococci (first demonstrated by Professor Wood and himself), and has succeeded in producing the disease in animals, while micrococci from the very same specimen, *after a thorough washing in plain water*, were perfectly harmless.

He believes that bacteria exist in all nature, and that, even when charged with the elements of disease, they cannot produce the disease unless they find a resting place in some body that is, on account of some unexplained condi-

tions, a suitable pasture for the growth and development of the particular disease.

This view, which seems to be a very rational one, has two important practical bearings.

In the first place, it teaches us very forcibly the value of water as a disinfectant; and, in the second place, it lends much additional force to the idea that infectious diseases are due to chemical influences, which theory, if demonstrated, will do much toward increasing the potency of our therapeutic resources.

If these bacteria carry certain elements that are capable of producing disease, it is not unreasonable to hope that chemistry will step in and tell us the chemical nature of these poisons; from this standpoint it will be but a step to name the chemical that will prove the antidote, and by this process can we arrive at the most rational treatment of infectious diseases. Dr. Formad promises to have more to say on this subject, and we look forward to his researches with interest, for it would seem that he is on the right track.

These experiments of Dr. Formad are certainly very novel in view of his former publications on investigations of the causes of diphtheria, in conjunction with Dr. Wood. One claim for these experiments and conclusions must be granted, and may be granted without particular detriment to the welfare of experimental science, viz: it is the very "latest about bacteria." In view of the established science about bacteria, it would appear that these experiments are a little too late. In fact I know of nothing in human occurrence with which to compare it in the virtue of lateness, except the lateness of the hour in which Rip Van Winkle got up to breakfast. When Rip woke up he was twenty years behind the world. This new theory may not be twenty years behind, but is decidedly too late.

To appreciate the value of this late publication (is it not too early?) I will compare the conclusions, as given, with the known facts about bacteria which are established as science by experiments:

First, bacteria are not the cause of disease, but are merely the vehicle of contagion, and this contagion is due to or is chemical influence."

The chemical theory of contagion, and fermentation, and putrefaction, was originated by Liebig. This great

chemist recognized the fact that the air, soil and water contained the dead organic matter of the earth, which was in a condition of putrefaction and oxidation, preparatory to being again taken up by living animals and plants. Liebig thought that particles of this putrefying matter, which continually occupied the air, water and soil, got into fermentable matter and caused the specific ferments, as well as putrefaction, and also invaded living plants and animals, and caused disease.

Now the experiments of Tyndall, Pasteur, Koch and Drysdale have established the truth that no extract from the air, water or soil, or from putrefying matter, or fermenting matter, or from disease tissue, or excretion or secretion, can cause any specific disease or specific fermentation, or ammoniacal fermentation (putrefaction), unless bacteria be living and thriving in the extract with which the experiments are made, or unless their spores are there. The washings of bacteria and the fluids in which they live, and the chemical extracts, and the filtered liquor from all kinds of bacteria, disease germs and otherwise, have been inoculated thousands of times and have failed to cause disease; nor will any such preparation, washings or extracts from the specific bacteria of any specific ferment, set up in any fermentable fluid any fermentation.

The fact is as much a matter of science as is gravitation, that the specific agents of fermentations and diseases has the power of multiplying itself. Any late discovery about bacteria must conform to this general law or must suffer defeat.

Dr. Formad says the washings contain the specific chemical agent of disease which is carried by bacteria.

To make this assertion fit the general law it is necessary to assume that bacteria have the power of manufacturing the dirt on their faces which is washed away by Dr. Formad. As each bacterium divides by fission, or deposits its spores, enough chemical ferment of disease and putrefaction is manufactured to give the new bacterium or new spore a "setting out." I have heard of children being born with silver spoons in their mouths, but I have never heard

that children are born with a specimen of the same sort of dirt on their heels or under their finger nails which their parents may have carried.

Dr. Formad does not claim that the dirt on the bodies of bacteria, which constitute contagion, is manufactured by the bacteria themselves as they develop. A theory of this kind was started some years ago which seemed very plausible. It, at least, agreed so nearly with the general laws which govern plant growth as to merit the decrees of common sense. The contagion's principle was assumed to be a product of bacteria (not an accidental dirtiness) and was an alkaloid, the product of bacteria in the same sense that quinia is of the cinchona tree. This theory could adapt itself to the general law that contagion can multiply itself. But experiment proved that this theory was not true. The alkaloid (?) was extracted from all sorts of bacteria and put into fermentable matter and inoculated into animals, but it wouldn't work. No ferment could be set up by it, nor could any specific disease be caused by it.

It was found, however, that the specific, so-called, alkaloid was a poison, and animals inoculated with it took a diarrhoea and had some fever. The concoctors of this decoction, therefore, thought if it wouldn't kill people perhaps it might cure them, and this noxious stuff was actually turned into a remedy and is now manufactured and sold as a medicine under the name of pyrexin.

It may be said that the principle by which this was done would tickle a homœopathic. Dr. Formad, unfortunately, does not inform the public what he did with his washings.

If he had inoculated the washed bacteria with no effect, and then inoculated the washings with the effect of causing diphtheria, perhaps other experimenters might repeat the proceeding. So far as the experiments have gone the publication is of no more scientific value than is the advertisement of a washer woman.

2. "He believes that bacteria exist in all nature," says the record, "and that even when charged with the elements of disease they cannot produce the disease unless they find

a resting place in some body that is, on account of some unexplained conditions, a suitable pasture for the growth and development of particular diseases."

Dr. Formad almost believes what is scientifically known about bacteria. These spores are proved to compose the "floating matter of the air." If these spores fall into dead organic matter they set in fermentation or putrefaction by germinating and multiplying. If the spores of specific diseases get into the body (contagion) they go through the same process and produce disease.

Bacteria live in dead and live organic matter just so far as dead and live organic matter is distributed throughout "all nature" and no further.

A fact that is proven is that different kinds of bacteria produce different effects, whether in ferments or disease. The yeast *torulæ* will always produce alcohol; the *micrococcus vini* will always produce vinegar; the *micrococcus urea* will always produce the ammoniacal fermentation of urine; the *micrococcus vaccinae* will always produce kine-pox and its modified form the small-pox; and the *bacillus* of *tubercle* will always cause phthisis; and the *bacillus anthracis* will always cause malignant pustule. The general law is that the different effects of bacteria are caused by different kinds of bacteria. It requires a considerable stretch of the imagination to believe that different kinds of bacteria wear different kinds of dirt on their faces.

This same law ought to hold good in relation to other parasites. Somebody ought to wash itch mites and note the result: What kind of dirt does the *cysticercus cellulosæ* carry on his crown of thorns? and if these parasites could be caught and washed would it make them harmless?

Hereafter the generic name for the parasites of disease and the agents of fermentation must be the title of the "great unwashed." There is no necessity (unless a man wants to take in washing) of substituting any secondary power, force, matter, agent, dirt, alkaloid, or anything else in the place of the physiological power or forces of bacteria as agents of fermentation or disease. The aggregate bulk of bacteria, in any disease or ferment, amounts to a great

quantity. It is estimated that were the ocean a proper food medium that one bacterium, by the ordinary laws of his reproductive powers, would fill the ocean full of bacteria in five days. This great bulk and rapid reproduction must require matter and force from some source to cause it, or else something can be made out of nothing.

We must regard bacteria as living things. They are neither animals nor plants, but partake of the nature of both, and Haeckle has therefore classed them in a new kingdom which he calls Protista.

If bacteria are living things they live by eating, and this fact explains all the good and all the mischief they can do.

When any living thing takes food it transforms matter and force. Part of this matter and force goes into the structure and heat of the living eater, and part into its works and heat, and part into its formed materials. The formed materials represent the chemical structure of the food after it has passed through the living thing. When a *bacterium lineola* eats the dead in graves the formed material is the albuminoid and ammoniacal compounds which result from "decomposition;" when a *micrococcus vini* eats alcohol the formed material is vinegar; when the *torulae* eats sweetened water the product is alcohol.

The same laws hold good to the production of all the metamorphoses of tissue which are the work of bacteria, and are called pathological products, the type of which is tubercle. It has been abundantly verified that bacteria have an action upon dead and living organic matter. It is not verified that anything they carry with them, as dirt, or anything they make as structural elements of themselves, has any effect on dead or living matter; but the formed materials of many of them, as alcohol and vinegar, are quite effective.

The physiological action of bacteria is sufficient, then, to account in full for all the phenomena that bacteria are known to come, and, this being tried, all substitutes for this action which have been attempted have failed. But I have left Dr. Formad's loftiest aspiration for the last paragraph.

3. "He has found the tubercle bacilli of Koch, or, at least, bodies identical with them, in the sputa of non-phthical patients."

I will here take two things for granted: That the bodies (tubercle bacilli) so found are not true tubercle bacilli of Koch, but are identical with them. Now, the record don't say that Dr. Formad has spent a year or two cultivating these bacilli artificially, and having succeeded in doing so has made several hundred inoculations without causing phthisis. If this had been done the inference would be that these bodies were identical only in appearance with the tubercle bacilli. What a terrible bombshell this is to throw into the fort of experimental truth! All bacilli look alike, else they wouldn't be called by the same name. The distinctions between *Brocellus*, *Anthraxis Brocellus*, *Anglobacter*, *B. Ulna*, *B. Ruber*, *B. Du Vin Tournæ*, *B. De Infusions*, and all others are identical, or nearly so, in appearance with *B. Tuberculosis*.

The distinction between the bacilli is not a microscopical one but a physiological distinction.

But science, in its relation to the mind, is something like a "grist mill." All phenomena most come beneath the "upper and nether millstone" in order to grind out the truth. If there were no "nether millstone" the grinding would be a one-sided affair. The author of "Unwashed Bacteria," therefore, bears a certain relation to science.

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ART. II.—Ovarian Irritation. BY O. B. WILL, M. D., Dunlap, Peoria County,

III. A Paper read before the Peoria City Medical Society, Nov. 21, 1882.

According to my understanding, the term "ovarian irritation," implies the existence of a morbid state of an ovary, indicated by pathological manifestations of a more or less local and general character, independent of any gross anatomical lesion of the organ. Although such definition may not be very clear, it is the most accurate that I am able from either observation or reading, to formulate. In so far as my familiarity with the literature of this subject enables me to judge, it is one of the most obscure within the domain of medicine and surgery, and deserves

all the attention which it can receive in the line of original research and observation.

Dr. Emmet, in his work on the diseases of women, claims that ovarian irritation, independent of uterine disease, is very rare, and says, "the ovaries are supplied with nerves from the renal plexus, but so scantily that in the absence of inflammation a doubt may arise as to the pain, which is so frequently experienced in their neighborhood, being due to 'ovarian irritation,' or whether even it has any direct connection with the ovaries." But there are those who apparently disagree with him, but whose statements, at the same time, seem to conflict with those of each other. Dr. Milner Fothergill, in a paper read before the Harveian Society of London, describes a condition which he denominates "ovarian dyspepsia," a gastric disturbance which is not primary, but reflex in character, from ovarian irritation; a very intractable malady, accompanied by leucorrhœa and commonly with menorrhagia. The treatment found most efficacious being the use of potassium bromide, magnesia sulphate, and blisters over the region of the ovary.

Under the head of "functional irritability of the ovary," Dr. Habershon, of Guy's Hospital, London, describes some cases of disease characterized by absence of local pain or soreness of any considerable degree, but exhibiting reflex disturbance of pneumogastric nerve and consequent vomiting; body not wasted materially, some food evidently retained, bowels generally confined, pulse irritable, abdomen fairly distended. Other indications of nervous excitement. Sometimes aptly termed "hysterical stomach." Tonics with chalybeates often relieve, seldom cure.

Dr. Byford, of Chicago, in his recent revised work on the diseases of women, strongly insists upon a recognition of the fact that disturbance of the blood-making powers seems to be frequently prominently associated with prolapse of the ovary to a greater or less degree; and Dr. Weir Mitchell, of Philadelphia, in his work on "Some of the Nervous Diseases of Women," remarks on the frequent occurrence of grave nervous symptoms, apparently having

their origin in some rather obscure morbid state or position of the ovaries.

It seems to me fitting to thus give a brief *resume* of what has been said by some workers of prominence in relation to my subject, before giving my own experience in the diagnosis and management of this peculiar malady which, whatever its exact pathology, is a recognized source of great evil, through its reflex influences, and in its therapeutics thus far ill-defined and unsatisfactory.

Within the past year or two I have had a larger proportion than common of cases of ovarian trouble, and have been led to observe with more than ordinary care the symptomatology of and influence of remedial agents upon them. In order that I may more connectedly state the results of such observation, I will give a brief history of my most nearly typical case of an obscure form of the malady, and group about it the distinguishing features of the others, in as few words as possible.

One year and a half ago Mrs. K. consulted me in regard to a condition of ill health from which she had been suffering for about one month. She was 31 years of age, and had been married three months. Although of an impressible nervous temperament, she had previously been in good health and free from pain, except during her menstrual periods, which never lasted more than one or two days, when she would experience some "queer" feelings in the stomach and chest, with an occasional lancinating pain in the right inguinal region. When I first saw her she was suffering from almost nightly attacks of severe cramp in the stomach, vomiting, with some degree of unconsciousness and alarmingly difficult and stertorous breathing. Spasms would sometimes lend their aid in making night hideous, and the patient's struggles for breath would soon awaken her husband. Mustard plasters over stomach and back usually sufficed to restore consciousness and relieve severity of symptoms, and hot irons to restore warmth to the invariably icy cold feet. Upon closer examination I found the woman rather thin in flesh, somewhat pale and anæmic looking, tongue slightly coated, poor appetite, bowels constipated, urine high colored, but normal as to its

acidity and the existence of albumen; abdomen moderately distended, some cough, more or less irregularity of heart's action, pulse variable in quantity and quality. Headache was present almost constantly; backache, tenderness along the spine, and a general nervous excitability. Her menstrual periods were regular as to time, but lasted not more than one, or at most, two days. The flow was always scanty, dark in color, but never accompanied by pain other than an occasional sharp twinge in the region of the right ovary; the latter being an almost daily occurrence of late. No difficulty in urinating, no pain down the thighs. The severe attacks of cramp and dyspnoea invariably came on some time during the night, accompanied or preceded by a sort of nightmare. No pain excited by coition.

I considered the case one of simple anæmia, with secondary neuralgic trouble, and treated it for a time with bitter tonics, iron, quinine, strychnia, phosphorus, good diet, sunshine and fresh air, but all to no purpose. I used subsequently counter-irritants to the spine, followed in time by the application of electricity in several of its forms, the positive electrode being passed along the spine and the negative over the chest and abdomen, but without any perceptible benefit. My patient finally very reasonably concluded that I did not understand her case, and placed herself under the care of a neighboring practitioner of considerable repute. For a month or more I saw nothing of her, when she again cast herself under my care on an appeal for relief. Her latter physician had prescribed for her a mixture of iron and quinine, but after taking it for some time without benefit, she became disgusted and thought to leave off treatment altogether. Her distress compelled her to again seek medical aid.

Before again treating her case I made an examination per vaginam; not because there seemed to be any special indication of disease in that locality, but to satisfy myself and patient that there positively was none. I found everything natural there, with the exception of what I considered a slightly prolapsed and slightly enlarged right ovary, from which I could elicit only a very little pain by pressure between my fingers on the inside and hand on the outside,

through the abdominal wall. I again adopted much the same treatment as before, with the addition of repeated fly blisters over the region of the ovary, and potassium bromide internally, but I had the mortification of still accomplishing almost nothing towards my patient's relief.

I continued to entertain the idea that the ovary was at fault, and came to the conclusion to test the influence of a strong faradic current passed directly through the substance of that organ. I did so by placing the positive electrode sponge on the abdomen directly over the ovary, and a metallic vaginal electrode, one inch in diameter, into the vagina, pressing the ovary as firmly as possible between them. I used a strength of current represented in the fourth part of an ordinary Kidder "Tip" battery, without using the switch or drawing the cylinder. I continued the application for fifteen or twenty minutes, and after the second one, on the third day, the distressing symptoms of which the patient had complained for so long a time entirely disappeared and have not been experienced since—now these five months. At present writing the patient has almost entirely regained her former good health and feels that she will soon get rid of the doctor. Of course the applications of electricity were persevered in for several months at lengthening intervals, and the use of wine, iron and exercise in the open air continued.

I have, since my first experience in the above case, encountered several others of a similar character, which the limit set for this paper will not permit me to refer to further than to say that the same treatment, in the main, sufficed for their cure.

Now the question naturally arises, What was the exact pathological condition present in my cases benefited and cured by the electricity? I do not know. But my experience has taught me this: That there are practically three types or forms of "ovarian irritation," requiring each a distinctive treatment. One is dependent for its causation upon uterine disorders of various kinds, and is cured only by their removal. Such fall under the almost daily observation of every physician. Another is the direct result of either active or passive congestion of the ovary, from extra

uterine causes; and another, of which my detailed case is an example, is to me too obscure in its causation to warrant me in venturing an opinion.

Of what I have seen fit to place as the second type of "ovarian irritation" the symptoms are: Reflex disorders of various kinds, more or less constant and well-marked tenderness in the ovarian region, with severe pain and increased tenderness just before and during the menstrual period, often, but not nearly always, accompanied with menorrhagia; pain in the back and aching through hips and thigh. Sometimes the ovary can be detected in malposition and is always quite sensitive to pressure in its immediate vicinity. This, I think I am safe in saying, is the form in which the bromides, salines and blisters have been found most effective. It is the form of the complaint in which I always use those remedies, counseling absolute rest for some time before and during the menstrual flow. In this class of cases I have found the use of the electric current to do not only no good but, seemingly, positive harm. However, in the last class of cases, characterized by all the reflex phenomena which we find in every form of ovarian irritation, with absence of soreness, but presence of acute lancinating pain in the region of the ovary, and possibly enlargement and prolapsus, the faradic current is the remedy *par excellence*, and, judging from my own experience, will never disappoint.

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ART. III.—Some Forms of Sexual Neurosis. BY THOS. H. LINE, M. D., Adeline, Ill.

The observations of a certain class of cases, by no means infrequent, may be of interest to some of your readers. They are cases of which, perhaps, no two will be found alike, and yet there is such a general likeness as will show the family traits. For lack of a more fitting name we will take that of another, namely, Sexual Neurosis, which is sufficiently expressive. As I have said, the symptoms of each patient are so peculiarly individual that it is almost impossible to define any group of symptoms, which are constant, so I will try and describe a few cases in brief as they have been presented to me. A young man comes

to the office in a bashful sort of a way and states that there is something the matter with his sexual organs, and his description of the case is so vague that at first you are led to suspect some form of venereal disease. But no; he has never indulged in sexual intercourse, and it is only by sharp questioning that you finally learn that he, "like other boys," has masturbated to a greater or less extent, and usually, when the confession gets this far, he thinks himself a very great sinner. But after all, perhaps, when you have come to narrow the matter down, he has only ill-defined sensations of discomfort with not even the usual penalty of excessive masturbation, namely, some extent of spermatorrhœa. Some of the cases have a degree of prostatorrhœa, as shown by the sticky mucus at the mouth of the urethra after they urinate, which is undoubtedly a small quantity of the prostatic secretions thrown off by the pressure brought to bear in the act of urination. But then, unfortunately, your patient has been thoroughly posted in the best literature of the day, and answers you that his semen is being discharged backward into the bladder and is now passing off with his water. A bad state of things; the books will tell you so. And, again, he coolly tells you that if you are not sure that you can cure him probably he would better go to the city, where, he understands, there are men who make this trouble a "specialty." Another shade of trouble of these young men is that they are gradually becoming impotent as a penalty for their misdeeds. They have no particular reason to fear, they have erections, but still they have a fear that there is some feebleness of virile power. Some express a great deal of anxiety for fear they might wish to marry, and if they do whether they would be able to perform the duties expected of them in such relation. Young, healthy and vigorous looking married men will come to you sometimes complaining that their capacity for the sexual act is incomplete and unsatisfactory, when, if you will put them on an expectant plan of treatment, and direct a system of hygienic measures, of which fasting, sexually, is the important element, you will learn in time that the young bride is about to become a mother. Doubtless, with a very large propor-

tion of these cases, any pathological condition, and also the real necessity for medical treatment, is wanting. Nevertheless, I am sure there is a perverted condition of the nervous system in nearly all of these cases that is of much importance — a state akin to the disturbed conditions to which we give the name hysteria.

In addition to these ill-defined cases, I think we have belonging to the same general class of sexual neurotic patients, the various degrees and manifestations of spermatorrhœa; or, as Curschmann expresses it, "abnormal seminal losses." According to Curschmann almost every adult male, during the years of sexual activity, loses, from time to time, a certain quantity of semen at night during sleep, generally with erotic dreams, accompanied by erections and special sensations, unless the seminal evacuation be caused by coitus or other mechanical cause. This kind of loss is called a *pollution*. They, of course, occur most frequently during the years of greatest sexual activity; but their first appearance varies in different persons, according to their mental and bodily conditions, such as training, temperament, mode of life and direction of thought. The same circumstances determine the frequency of the pollution, which occur in some persons once a week or oftener; in others once a month or less frequently. They have no regularity in the same person, but vary according to temporary causes. "Usually," says Curschmann, "the day after the seminal losses there is a feeling of relief and brightness; or, at any rate, an absence of any subjective or objective suffering." It is a mistake to try to decide whether they are healthful or not, for what will be injurious to one man, and require medical intervention, may be a healthy condition in another.

The late Dr. Bumstead once wrote a paper on spermatorrhœa which contained, in a brief space, as much good, sound sense as is often met with. He places more reliance on hygienic measures than drugs. And, particularly, he gives but little importance to the popular and accepted theory of masturbation being the cause of nocturnal seminal losses. Furthermore, he regards occasional losses of this kind, as frequent as once in a fortnight, or less even,

as normal. Hence the statement will not create surprise that in ninety-nine out of one hundred cases these emissions require no medical or surgical treatment. The chief danger from them lies in the patient making himself miserable over them. If he can be induced to give his mind and body to pure thoughts and healthy exercise, nature will take care of the rest. Still, he does find certain indications for medication; and, indeed, a few of these cases could be detained long upon a strict hygienic system. Then he employs bromide of potash and strychnia to control the frequency of the emissions, and iron, or iron and strychnia, to meet the conditions of anæmia and imperfect nerve nutrition. To this you can add fluid extract of belladonna, and you will convert what is generally considered a grave manifestation into a form not uncommon in healthy men and not requiring interference.

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ART. IV.—Labor Delayed by Retained Placenta. BY GEO. B. PARSONS, Hooper, Nebraska.

On the 19th inst., at 10 o'clock P. M., I was called to see Mrs. C—, a primipara aged 31, strong and well developed. Labor had commenced at an early hour in the morning. I at once made a digital examination and found a pelvis of ample dimensions, soft parts in good condition, the amniotic sac ruptured, presentation normal, with head not large and just entering the lower strait; pains frequent, regular and of moderate force. Contrary to the usual habits of the primiparæ of mature age, I predicted an almost immediate delivery. Why not? Notwithstanding all these favorable conditions, labor continued with no intermission of pains, save only about one hour, for over forty hours, *with little or no progress*. The patient, while showing great courage, began, together with friends and attendants, to lose confidence, if not in my skill in my predictions. The woman was not failing in strength, but I could not find the cause of delay and could see no prospect of nature being able to overcome it, and therefore decided to apply the forceps. This decision caused a scattering of friends and attendants, who fled in tears to other parts of the house and

even out of doors, because of having witnessed a butchering job of instrumentation in the case of a neighbor lady not long before. I applied the long forceps without much difficulty, and at first failed, after making strong traction to deliver, but after a short rest made another effort, when something gave way and a six-pound child was easily delivered. As soon as the head was delivered the cause of the trouble began to be apparent—two turns of the cord were around the neck. The child was asphyxiated, but was easily restored. After attending to the child I introduced the hand and found just below the fundus, on the right side, the upper half of the placenta had been torn off, leaving shreds of secundines and the lower half still adherent. Thus the whole mystery was cleared up. During the last twelve hours the patient had complained of pain and soreness, and a hard lump was to be felt where the placenta was attached, which the attendants were certain was a second foetus.

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### Correspondence.

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#### Good Effects of Ergot.

GAYLORD, MINN., Dec. 4, 1882.

*Editor Peoria Medical Monthly:*

Mrs. L. Winthrop, Minn., was taken in labor at 11 P. M., August 23, 1882, with a midwife in attendance. At about noon the 24th Dr. Lilly, of Winthrop, was called in. He and the midwife worked faithfully with the lady till 8 P. M., when they dispatched for me to come on the first train. I arrived there at 11 P. M. The lady had then been in labor for twenty-four hours. Upon examination, I found position normal, with no obstruction in maternal passages; the os well dilated, and had been so for the last twelve hours; patient very much reduced, and uterine contractions insufficient. The doctor stated he had given her no medicine of any kind. Being, as we were, without any forceps I concluded to put her on ergot. Within an hour after the first dose the pains became more periodical and forcible, and at the end of two hours I delivered her of a fine male child.

Both did well. I know we are taught by some to never give ergot in cases of prolonged labor; but I thought it was indicated in this case, under the circumstances. She was a primipara.

*Case second.*—November 20 I was called to Mrs. B., who had been in labor for twenty-four hours, with a midwife in attendance. Upon examination, found position and passage normal, but insufficient uterine contraction. Gave patient a half drachm of ergot, and pains soon came on naturally, and I delivered an hour later.

These two parties have learned by bitter experience that midwives are a nuisance.

D. N. JONES, M. D.

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**Delivery of a Five-Months' Foetus Enclosed in the Amniotic Sac.**

LINCOLN, ILL., Nov. 19, 1882.

*Editor Peoria Medical Monthly:*

In the month of August last I was called to visit Mrs. H., in her fifth labor. Her pains being severe I immediately, upon my arrival, made an examination and found the amniotic sac containing the foetus and placenta with a large amount of liquor amnii protruding through the vulva. One or two more pains and the entire contents were expelled. No hemorrhage followed.

L. L. LEEDS, M. D.

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**The Screw Worm.**

OSWEGO, KANSAS, Nov. 25, 1882.

*Editor Medical Monthly:*

DEAR SIR: Very few of your readers, perhaps, ever heard of the screw worm, a pest we had to contend with here last season in man and animals. The screw worm is the larvæ of a dipterous insect or hexapod, a native of the regions south of here, particularly Texas, where it is the death and torment of animals, particularly dogs and sheep. I do not know the generic or specific name of the dipter—the books in my possession on entomology do not describe it. The musca ceazar is a similar insect described by

Packard. The insect blows or lays its ovum or young on a wound, and when it incubates the larvæ or maggot eats its way rapidly into the animal and causes its death. Neglected infants are afflicted with the pest, and drunken and other persons sleeping in the open air of summer days are "fly blown" in the nostrils, and the insect works its way into the head, causing a horrible death. A preacher at Cherry Vale, west of here, was destroyed in this way. Before he died the maggots came from his head, no doubt to pupate.

A friend wrote me last week that a man named Carter was very ill, twenty miles east of here, last fall. He had spasms and his life was despaired of a long time, but finally about a hundred maggots came from his nostrils and he recovered.

Old King Herod, we read, was eaten with worms and he died—no doubt the same dipterous larvæ. To destroy the pest stockmen and others use calomel and carbolic acid. The first may be blown into the nostrils of a person afflicted with screw worm.

The dysentery that prevails here I have frequently arrested and benefited with persulphate of iron. Some cases where other astringents utterly failed, this agent acted as well as could be desired and saved life.

For coughs and colds I am using two news remedies, discovered by myself—the elephantopus and helianthella. Frequently they may be combined with other medicines to advantage. Messrs. P. D. & Co. sell an extract of both of these composites.

Itch rubeola and diphtheria are mild diseases where I write. The germs causing them being organic, live in the same frigid and thermal lines on the earth as do the elephant and other animals and plants. Scarletina has been also an unfrequent malady here, and mild, I think, compared with it in Illinois and north.

I am your friend,

W. S. NEWTON, M. D.

### Periscope.

#### Counter-Irritation.

Of all therapeutic measures there is probably no single one so universal, and so potent in its application, as counter irritation. The disputed point, as to whether it produces its results through the agency of the nervous or the circulatory system, has no practical interest for the busy physician. He has but little time for theories or physiological experimentation. What he most desires are facts and results. In counter-irritation he has them both: it *can* cure, and it *does* cure. It matters but little in kind, but greatly in degree, what counter-irritant is used. When we desire a profound impression, as in the initial stage of sthenic pleurisy, nothing short of a fly blister, and a big one at that—one that will cover the whole affected side—will do any good. A mustard plaster, under such circumstances, will be like a child playing at war as compared with real battle. Whereas, when we meet an asthenic type of the same disease in a weakly and debilitated individual, the violent fly blister would be too powerful and resort must be had to the gentler mustard. Much undeserved odium has been cast upon counter-irritation, as upon many other therapeutic measures, because of inferiority in quality of the article used. We have used half an ounce of cantharidal collodion with the result of merely soiling the part to which it was applied; it did not even *redden* the skin, while half a drachm of a good article, applied to the same part, on the same person, blistered most terribly.

Many object to counter-irritation of a severe character on the ground that it produces an external sore that is sometimes very hard to heal. That this is true no one can doubt. It does sometimes happen that very tedious and painful abrasions of the skin, or sores, do result from fly blisters or tincture of iodine, or some other equally powerful counter-irritant. But these are exceptions, and ought not to militate against the rule, which is, that this form of treatment is an exceedingly valuable one in nearly all affections of an inflammatory nature. A large volume could be written on the counter-irritants and the great value of counter-irritation, but it is not our purpose to do more than merely call your attention to the matter. Every physician must wisely judge what cases are suitable for this form of treatment, and what articles are appropriate to the effect desired. But remember that, while it will be all very well to resort to internal medication, counter-irri-

tation can do no serious harm, and it will oftentimes amazingly aid the action of your drugs.—*Medical and Surgical Reporter*.

#### Treatment for Tapeworm.

The writer has for many years past received occasional letters of inquiry as to what is the best drug for the expulsion of tapeworm, and the inquiry is generally accompanied by the statement that a case is under treatment that has resisted all the ordinary parasitocides, such as pumpkin seed, male fern, kooso, bark of pomegranate root, turpentine, etc. As any one of these drugs are sufficient, under any good ordinary management, to expel the parasite, and as the inquirers had generally succeeded in most of their cases with some one or other of these medicines, it has generally been concluded that it was not a question of the choice of a drug in the obstinate cases, but rather one of the location of the attachment of the head of the worm in the intestinal canal.

When the writer served as demonstrator of anatomy many years ago, he observed that there was great variation in the location of the head. Sometimes it would be found attached up near the duodenum, and at other times down near the ileo-cæcal valve, and that the attachment was not unfrequently in a little pouch, or under a fold of mucous membrane; and that the head was always imbedded in a nidus of firm jelly-like substance, like inspissated mucus. This led to the conclusion that such cases would be very differently affected by treatment, and that a method quite efficient for some cases would be likely to fail in others from the difference of location, and further, that the obstinate cases were those where the attachment was so low down in the canal and so protected that it was difficult to get the parasiticide in contact with the head so as to poison it, and cause it to let go its hold. A few years later when in the eastern part of the Mediterranean, where uncooked sausages are largely eaten, the writer and others became affected with tapeworm, and he had good opportunities for observation, and was confirmed in the belief that the location of the head had much to do with the resistance of all obstinate cases, and that when the treatment was carefully directed by this consideration it was almost always successful, and that one parasiticide was about as good as another when well managed. Further experience at that time seemed to show that pumpkin seed and oleoresin of male fern were the best agents to use, and there was but little choice between them. A plan of treatment was

adopted which has been since given to so many physicians and patients with such general success that it may be worth while to publish it.

After a light dinner, near the middle of the day, the patient should take no food, but may drink freely of water. At bed-time a saline aperient should be taken in effective dose, and there is nothing better than one or two Seidlitz powders. This aperient should be saline, because these cause a copious effusion of serous liquid from the whole mucous membrane of the canal, and this effusion taking place from the surface where the head of the worm lies protected by the dense mucus, detaches the mucus and washes it away, leaving the head bare for contact with the parasiticide, when otherwise it would pass over it without direct contact, and therefore, without effect.

Whether this aperient at bed-time operates at night or not, it should be repeated on the following morning, the patient still abstaining from food. After the second saline has operated freely, or say at about ten o'clock, the medicine should be given.

Four ounces of pumpkin seeds are well beaten in a mortar, half an ounce at a time, a few drops of water being added from time to time until they are made into a paste. The shells need not be rejected, as they are rather useful than hurtful. Water is then gradually added to the paste with trituration, until a tolerably uniform emulsion is made measuring about a pint. This may be flavored if desired and iced, and is to be given in three doses at intervals of about two hours, beginning at about ten o'clock. During this time the patient should lie quietly in bed and avoid all causes of nausea and vomiting, and should correct these if they occur by a little ice being taken into the mouth and stomach. The stomach in need of food will often digest the first dose, but a tendency to nausea will prevent the digestion of the others, and the third is often difficult to take without vomiting. By careful management and quiet the inverted peristaltic action may be generally avoided. But when it occurs early and persistent the treatment is likely to fail, because the inverted action of the bowel prevents the emulsion from getting far enough down to come in contact with the head of the worm. Commonly, however, the peristaltic action will not be reversed, and at about the time of the third dose or a little later there will be an alvine evacuation. But if within an hour after the last dose, a half fluid ounce of castor oil should be given in a little ale or porter. The evacuations should be received in a vessel partly filled with water so

that the worm can be easily examined from end to end of each portion without breaking, and when the part is reached where the links grow smaller great care should be taken to find the head, for unless this be found the success of the treatment is by no means assured. And if the head be not found, detached links may be expected in the stools within two or three months, and the treatment will need to be repeated with larger preliminary fasting and greater care.

In a second trial, or when persistent vomiting has interfered with the first to invalidate it, the oleoresin of male fern may be substituted for the pumpkin seed. This is more easily taken than the large doses of the emulsion, and is not so easily digested by the stomach, nor so liable to produce nausea, and from being an oleoresin, and therefore less soluble in the liquids it is with, it is more likely to reach the head of the worm in a condition sufficiently concentrated to be a poison to the head, but it is probably a less active poison to the head than the pumpkin seed.

The oleoresin may be given in emulsion made with sugar and gum arabic, or with glycogen, but is perhaps better given in capsules, containing about ten grains each. Two of these should be taken every quarter of an hour until twelve capsules have been taken, unless nausea occurs of sufficient severity to endanger their rejection. Under such circumstances eight or ten capsules may be used as being all that can be safely given.

The oleoresin has often, especially in cold weather and when of good quality, a thick granular sediment. This should be carefully stirred in before weighing, as it is a very important part of the drug.

Of course the same careful preparation of the patient is needed with this as with the pumpkin seed, and neither of them should be expected to succeed in obstinate cases without the careful preliminary treatment.—*Squibb's Ephemeris*.

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#### How to Make a Poultice.

At first sight the title of this paper may seem absurd to many of our readers, and the idea that medical men require any instruction in making a poultice preposterous, but we have been led to write it from seeing that many students and some practitioners do not distinguish between the proper methods of making a poultice for surgical and for medical use. Many, perhaps most, students spend a great part of their four years' curriculum in surgical study, and devote a comparatively small portion of it to medicine.

This may partly be the reason why they do not learn the best ways of making poultices for the relief of internal pain ; but another reason is, that in hospitals poultices are made in certain ways for the sake of cleanliness and economy, and these ways are not always the best possible for private patients, although they may be the best under the conditions which obtain in hospitals. Everyone knows the relief which a poultice affords when the finger is inflamed, and has noticed how the painful throbbing diminishes after its application. Most people have noticed also, that dipping the finger in cold water has a similar action, and it seems strange to many that the opposite conditions of heat and cold should have a similar effect. The reason probably is that both heat and cold lessen the force of the impulse with which the blood is driven through the dilated arteries of the inflamed parts against the block which exists in the capillaries. Cold causes the afferent arteries to contract, and lessens the impact of the blood by diminishing the quantity sent to the inflamed part ; a poultice lessens the impact by dilating the capillaries surrounding the seat of inflammation and affording a ready side outlet into the veins. In surgical cases we usually use the warmth and moisture of the poultice to act directly on the surface. We therefore make the poultice with crushed linseed or with linseed meal and oil, spread it on some tow and apply it to the skin without anything intervening. But useful though this method may be for wounds, ulcers and abscesses, it is not the best form of application in cases of inflammation of the thoracic or abdominal viscera, or where spasm is present without inflammation. In such cases we may, no doubt, do some good by applying the poultice to the surface exactly as in surgical diseases. We may draw off some of the blood to the surface ; and we may also exercise a reflex action through the nerves upon the vessels of the inflamed organ below, but this will not be so great if we influence the surface only, as when we allow the heat to penetrate to the inflamed or irritated organs themselves. If we apply the poultice directly to the skin, it must be allowed to become tolerably cool before the patient can bear it, and thus half its advantage is lost. In order to relieve spasm, as in colic — intestinal, biliary, or renal ; to relieve inflammation of the pleuro, the lungs, the liver, or other organs, we want to apply the poultice as hot as possible, while we protect the skin from being scalded. In order to do this, a flannel bag should be prepared, a convenient size being 12 inches by 8 ; this should be closed at three edges and open at the fourth ; one side of it should be

about one inch or one inch and a half longer than the other, and it is convenient also to have four tapes attached at the points which form the corners when the bag is closed, in order to keep the poultice in position. Besides this, another strip of flannel should be prepared of the same breadth as the length of the bag, and long enough to wrap round it once or oftener. Crushed linseed, bowl and spoon should then be got together, and the spoon and bowl thoroughly heated by means of boiling water; the poultice should then be made with perfectly boiling water, and rather soft. As soon as it is ready it should be poured into the bag, previously warmed by holding it before the fire. The flap, which is formed by the longest side of the bag, should now be turned down and fastened in its place by a few long stitches with a needle and thread. It should then be quickly wrapped in the strip of flannel (also previously warmed), and fastened *in situ*, if necessary, by means of the tapes. It may be covered outside with a sheet of cotton wool. In this way the poultice may be applied boiling hot to the skin without burning. The two layers of flannel, which are at first dry, allow the heat to pass very gradually indeed to the skin. As the moisture of the poultice soaks through them, they become better conductors, and the heat passes more quickly, but the increase is so gradual as not to cause any painful sensations whatever, but only one of soothing and comfort. The poultice, also, naturally keeps much longer hot, and the necessity for changing it arises much less frequently. The difference between the effect of a poultice made in the ordinary way and in the manner just described, is sometimes exceedingly striking. It is, perhaps, less marked in cases of inflammation than in those of spasm. We have seen a patient suffering from intense abdominal pain at once relieved by a poultice made in the way just described, although a succession of poultices made in the ordinary way had been utterly useless. This way of making poultices is one of the minutiae of medical practice; apparently extremely trivial, but really, we believe, very important. The relief which we have seen afforded by poultices made in this way, and the knowledge that *some* practitioners at least are ignorant of the method, must be our apology for drawing attention to such a trivial detail.—*Practitioner*.

#### Treatment of Obstinate Vomiting.

In the course of an article on this subject in the *Boston Medical and Surgical Journal*, Dr. S. G. Webber says: Often the best method of treating this complication is to give the

stomach rest. Sometimes only a large amount of food taken at one time excites vomiting; then it is sufficient to resort to frequent feeding, giving a very small quantity each time, a mouthful or a spoonful every fifteen or thirty minutes; thus the stomach never contains a large mass of food requiring considerable muscular exertion to roll it about, and by its weight or bulk exciting the reflex irritability of the nerve centers. Many times, however, this is not enough; the stomach requires more complete rest, and the best treatment is to withhold all food and medicine; sometimes a few hours' rest is enough, again it requires two or three days; then it will be necessary to use nutrient enemata. Where there has been much vomiting thirst may be very annoying to the patient; small lumps of ice held in the mouth will relieve this, and generally does not cause vomiting. After the stomach has had sufficient rest it is best to commence feeding by the mouth, with caution, giving a little frequently. Milk and lime water, equal parts, a teaspoonful every half-hour, should be first tried; if well borne the amount can be increased gradually. It is a mistake to increase the quantity too rapidly.—*Medical and Surgical Reporter*.

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#### The Treatment of Empyema.

In an article on the above subject (*American Journal Medical Sciences*, Oct., 1882) Dr. W. C. Dabney sums up the following conclusions:

1. "Medical" treatment, as it has been called, namely, treatment without operation, occasionally gives favorable results, but is not advisable, inasmuch as cases so treated are liable to terminate in one or other of the following ways: (a) Sudden death, (b) exhaustion, (c) suffocation, (d) phthisis, (e) septicæmia, (f) calcareous degeneration of the pus, (g) secondary pneumonia and gangrene of the lung, (h) peritonitis from the bursting of the empyema into the peritoneal cavity, (i) amyloid degeneration of the liver, kidneys, etc.

2. Aspiration has given good results in the case of children, and should be tried in them before the radical operation is resorted to.

3. Free incision into the pleural cavity is usually necessary, and the best point for such an incision, when only one is made, is at the lowest point of the purulent collection, and directly below the angle of the scapula. Costal resection is to be avoided, if possible, especially in children.

4. Continuous is preferable to intermittent drainage,

because (a) the danger of absorption is thereby lessened, (b) there is usually less danger of irritative fever, (c) the empyemic cavity is placed in a better position for healing. Continuous drainage is best effected by a drainage tube.

5. Through drainage is only advisable in cases where the discharge is very fetid, and where a single opening has proved insufficient.

6. The thoratic opening should not be allowed to close if more than two drachms of pus are discharged daily.

7. The danger of sudden death during thoracentesis or injection of the pleural cavity, when proper care is used, is so slight that it may practically be disregarded; but when injections are used, especial care should be taken to see that they have a free outflow.

8. Simple injections of pure water are often sufficient, but compound tincture of iodine, one part to four of water, is devoid of danger and hastens recovery. This will usually check fetor also; but if it does not, salicylic acid or permanganate of potash in one-half or one per cent solutions may be employed. Carbolic acid is dangerous, as is boracic acid also.

9. Listerism would probably be advisable in city or hospital practice, but is of doubtful efficacy in the country, and under no circumstances should it be allowed to interfere with through drainage.

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#### Infantile Convulsions.

The adopted and regular treatment of M. Jules Simon, of the Hospital des Enfants Malades, for infantile convulsions, is as follows: On arrival the first thing he orders is an injection of salt and water, salad oil, or glycerine, or honey, which he administers himself, as he has too often observed that the parents or the nurse have already lost their wits. If the teeth can be opened sufficiently a vomitive is given which clears the stomach of any food that could not be digested—the most frequent cause of convulsions. However, the attack continues, but soon ceases on applying a handkerchief on which a few drops of chloroform are poured, to the mouth, which the child inhales largely. If convulsions reappear the anæsthetic is renewed, and the child is placed in a mustard bath for a few minutes and then wiped dry and placed on his bed properly wrapped. Chloroform might be again administered if, after an interval, the child was seized again, and before leaving the nurse M. Simon prescribes a four ounce potion containing sixteen grains of bromide of potassium, one

grain of musk, and a proportional preparation of opium, for he does not believe that the brain is congested in these attacks; it is rather excited, and the opium acts as a sedative. A teaspoonful of the mixture is given several times a day. On the following days the child is generally restless and irritable and ready to be attacked again, but a small blister about an inch square is applied to the back of the neck and left on about three hours, when it is replaced by a poultice of linseed meal and gives most satisfactory results. M. Simon, in terminating, says: "Such is the treatment that I have instituted in my practice every day."—*Medical Press and Circular*.

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#### A New Test for Albumen in the Urine.

When an albuminous urine is treated with a saturated solution of common salt, not the slightest reaction takes place; but if the brine be slightly acidulated with hydrochloric acid, according to Dr. Wm. Roberts, the albumen is thrown down as a dense white cloud. This reaction constitutes a most delicate test for albumen in the urine. The best degree of acidulation for this purpose is obtained with about 5 per cent. of the dilute hydrochloric acid of the Pharmacopœia. A little more or less acid makes no appreciable difference in the sensitiveness of the test. Common salt dissolves in about two and a half times its weight of water at 60 degrees Fahrenheit, and an increase of temperature does not sensibly increase its solubility. The salt of commerce is always more or less dirty, and the solution requires filtration to fit it for use as a test. The salt solution should be fully saturated, otherwise the observer is apt to be led into error. In preparing the test with our common English measure, the readiest plan is to mix a fluid ounce of dilute hydrochloric acid with a pint of water, and to saturate this with common salt and filter. Dilute hydrochloric acid may be replaced by dilute sulphuric, dilute nitric, or dilute phosphoric acid. All these acids are of the same saturating strength in the British Pharmacopœia, and all of them yield with saturated salt solution an equally sensitive reagent for albumen. Even acetic acid may be used, but the delicacy of the test in that case is not quite so great as when it is prepared with one of the mineral acids. The method of applying the briny test is similar to that followed with nitric acid. A portion of the suspected urine is placed in a test-tube, the test-tube is then held very much aslant, and the salt solution is allowed to trickle

along the sides of the tube to the bottom, so that it may form a distinct layer below the urine. If albumen be present, a white cloudy zone appears at the junction of the two fluids. Or the proceeding may be reversed. The salt solution may be first introduced into the test-tube, and then the urine added with the same precautions as before, so as to obtain two distinct layers, one above the other, in the test-tube. It is important to be aware that the precipitation of albumen by acidulated brine is not due to a true coagulation. In this respect the brine test differs from nitric acid and boiling. In the two latter cases the albumen is transformed into the insoluble modification, which is known as "coagulated albumen." But when albumen is thrown down from urine by acidulated brine, the precipitate is not insoluble; on the contrary, it is redissolved by free addition of water, or even by free addition of the albuminous urine itself. It is therefore essential to the efficient application of the test that the salt solution should be in excess at the point of expected reaction. This end is obviously secured in the above described methods of testing. In point of delicacy the salt test stands on a par with nitric acid. The minutest trace of albumen detectable in the urine by nitric acid is also detectable with equal ease by acidulated brine. In high-colored urine the brine test is distinctly superior.—*Lancet*, Oct. 14, 1882.—*Med. News*.

#### Antipyretic Medicines--Their Action and Uses.

Prof. Binz (*London Medical Record*, June 15, '82.) says:

1. In the present state of our knowledge, there are two modes in which antipyretic remedies may be conceived to operate: First, by increasing the discharge of the pyrexial heat; secondly, by checking its production.

2. The quantity of heat discharged may be augmented by direct withdrawal (tepid water), or by facilitating the circulation through the skin (digitalis, cutaneous irritants.)

3. The production of heat may be lessened by repeated cooling of the surface, and especially by the internal use of antizymotics.

4. Febrile diseases commonly owe their origin to the introduction and rapid development of substances akin to ferments. Several of these have been shown to resemble yeast in being low vegetable organisms, or derived from such organisms. They enter the glands, where they undergo multiplication, increase the metabolic processes, generate products of decomposition which exert a par-

alyzing action on the nervous system, and raise the standard of temperature throughout the body.

5. Owing to impaired action of the heart in certain stages of the disorder, or to contraction of the cutaneous vessels, the skin becomes anæmic, and gives off less heat than usual. The internal temperature rises accordingly.

6. Quinine, our chief antipyretic, acts by directly combating the efficient cause of the disorder, and by checking the abnormal metabolism going on in the body. The nervous system takes no part, or only a secondary part in the operation. In intermittent fever, quinine prevents the paroxysms by attacking the infective cause. The paroxysms are not the essence—the substantive element—of the disease; they are only a symptom of it. The substantive element is the poison deposited in the colorless corpuscles of many organs, especially the spleen. There are fevers with paroxysms that are the most malignant. The malarial poison rapidly causes disintegration of the tissues and the blood, and so paralyzes the nerve centers.

7. The reduction of acute splenic tumors by quinine depends upon the adverse influence exerted by the alkaloid on the infective poison to which the morbid over-action of the spleen and its consequent enlargement are due. "*Cessant causa, cessat effectus.*" Even the healthy spleen may be reduced in size by large doses of quinine; the alkaloid vigorously checking the oxidation of its principal elements, the colorless corpuscles. Quinine has no direct influence on the vaso-motor nerves.

8. Quinine attacks the malarial poison with especial energy; on this fact depends the so-called specific action of quinine in intermittent fevers. The same relation, but in a minor degree, subsists between quinine and the infective poison of enteric fever, between mercury and iodine and the poison of syphilis, between salicylic acid and "irritant" in acute articular rheumatism.

9. An antipyretic which, in one disease, instantaneously arrests the fever, may be wholly powerless in another. The difference depends on the fact that the various antizymotics act very unequally on the individual schizomycets and ferments; one will paralyze them rapidly, by another they will hardly be affected.

10. The past history of therapeutics, and recent achievements in the domain of etiology and pharmacology entitle us to assume that, by persistent scientific inquiry and practical observation, we may succeed in discovering a specific antidote for every species of infective or septicæmic malady.—*Missouri Valley Med. Monthly.*

**Some of the Relations of Meteorological Phenomena to Man.**

We condense from the able address of Dr. Tripe, President of the Society of Medical Officers of Health, published in the London Medical Journals, the following, italicizing certain sentences: Dr. Tripe stated that it was only at considerable elevations, such as eight thousand feet above the sea level, that the variations in the pressure of the atmosphere was perceptible. People were then affected with so-called "mountain sickness," which consisted of *malaise*; shortness of breath, palpitation of the heart, and nausea, with more or less giddiness and noises in the ears. Some persons suffered more than others; but nearly all in time become acclimated. Aeronauts suffered from the same symptoms, showing that great muscular exertion was not the chief cause of the attack. Those who lived on elevated mountain plateaus were observed to breathe more rapidly than those living at a lower elevation; their pulse increased in rapidity; and there was an increase in the evaporation from their skin and lungs, as well as a diminished secretion of urine. It was believed that all the symptoms were *chiefly due to the diminution of oxygen in the air inspired, and consequently in the blood; and also to the imperfect exhalation of carbonic acid from the lungs.* The influence on man, and especially on invalids, of diminished atmospheric pressure, and of a lessened amount of oxygen inhaled, had been much considered; and, while in some cases great benefit had been derived from a residence at high altitudes, and in others change of residence had been of little or no use.

Variations in the pressure and temperature of atmosphere exerted a considerable effect on the circulation of air contained in the *soil*, or *ground-air*, which consisted of atmospheric air mixed with *carbonic acid*, *marsh gas*, and occasionally sulphuretted hydrogen. Rain also exerted great influence on the ground-water, and caused a rapid escape of air from the interstices of the soil. It was found that, when the *ground-water was only five feet from the surface. the locality was unhealthy*, and also that a fluctuating level led to ill-health among those residing on the spot. Outbreaks of typhoid fever had frequently occurred after heavy rain succeeding drouth, which were believed to originated from the infectious particles of typhoid excreta being washed into wells used for drinking. *Damp soil* was thought to be one *cause of phthisis*; and it had been shown that *effective drainage* of the land had caused a considerable diminution in the mortality of this disease. Wind influenced to a great extent all meteorological phenomena, the humidity as well as the temperature of the air depend-

ing partly on the wind. Dr. Tripe pointed out that, though much had been written concerning the effects of ozone on man, yet but little was really known about it. It was augmented by violent winds, and was met with chiefly at the seaside, or in country places. There was but little doubt that it exercised an active oxydizing action on the organic matter contained in the air, and was therefore absent in close, confined places where the air contained excess of organic matter.

\* \* \* Dr. Tripe then referred to some papers already published by him on medical meteorology, in which he had stated the conclusions at which he arrived concerning the relations between the mortality from scarlet fever, lung diseases, diarrhoea, and meteorological phenomena. He believed that the *periodical occurrence of epidemics did not depend on meteorological phenomena, but on the number of persons liable to the diseases living in the locality.*

It is difficult to understand how the diminished oxygen inspired and augmented carbonic acid gas unexpired can fail to be injurious under the circumstances alluded to by Dr. Tripe.—*Louisville Med. News.*

#### Resorption in the Stomach.

Dr. Tappeiner has communicated to the *Zeitsch f. Biolog.*, the results of his experiments on dogs, etc., regarding the power of resorption exercised by the stomach. He put a ligature around the pylorus, and introduced solutions through an cesophagus-tube. He found that of watery solution of glucose, sulphate sodium, taurin, peptone, and strychnia very little was resorbed. But if he took alcoholic solutions, far more was absorbed than left in the stomach, and while, for instance, the effect of a watery solution of strychnia became only very gradually apparent, and in a mild degree, the same quantity of strychnia in an alcoholic solution, caused death in ten minutes. The effect was, however, not uniform, and he observed that the rapidity and the quantity in these absorption processes depended, to a great degree upon the quantity of fluid previously in the stomach. With the pylorus closed, watery solutions of chloral had very little effect, while alcholic solutions caused sleep within a few minutes. Of the alcohol, always three-fourths was absorbed. This gives us an indication for the diet of persons suffering from cancer of the pylorus, or of indurion or narrowing of this orifice, due to other morbid lesions. The nutritive material should be given in alcoholic solutions, and very little at a time, so that there is never much fluid at any one time in the stomach, and, for that matter, very little solid material also. All medicines, in

such cases, should be administered, dissolved in alcohol.—*Med. Press.*

#### Lesions of the Teeth in Locomotor Ataxy.

At a meeting of the French Association for the Advancement of Science, on Aug. 30, a communication was made by M. Th. David upon lesions of the teeth found in locomotor ataxy. The paper was based upon the observation of a single case, and the following are the most important of the conclusions arrived at from an attentive study of it. The alteration consisted of a rapid decay of the anterior part of the crown of almost all of the teeth. The altered substance assumed the consistence of touchwood and a reddish color. The enamel still retained its polish, but not its hardness. Beneath those parts the pulp had produced a new layer of second dentine, and in most of the front teeth the pulp-cavity was filled up. These alterations had nothing in common with caries, and must be referred to nutritive disturbance resulting from the lesion of the central nervous system. The changes are analogous to those which have already been observed to take place in the nails in the course of locomotor ataxy; they would thus establish a pathological relationship between organs already connected by a common epithelial origin. Locally, these alterations recognize for their immediate cause a functional disturbance or a lesion of the dental pulp. The atrophy which has been shown to exist would be quite comparable to that which is observed in the eye under similar circumstances. Whence the final conclusion that we must attribute to the dental pulp the physiological significance of a sensory organ.—*Med. Times and Gazette.*

#### A Prolific Family.

The *New England Med. Monthly* records the following case:

Among the papers of the late Thomas Atwater, of New Haven, Conn., the following memoranda were recently found:

"Mrs. Mabie, No. 100 Twenty-ninth street, New York, of the firm of Topping & Co., has been married forty-eight months.

July 24th, 1858, had.....	1 child.
July 30th, 1859, " .....	2 children.
March 29th, 1860, " .....	2 "
March 4th, 1861, " .....	3 "
Feb. 13th, 1862, " .....	4 "
Total.....	12 "

These children were all born within three years and seven months, and are all living and healthy. This is a copy from a memoranda given by the father, Mr. Mabie.

## Therapeutic Notes.

## NERVINE AND ANTI-SPASMODIC.

- R** Potassi bromidi, 10 grains.  
 Tinct. conii, 30 drops.  
 Tr. valerianæ ammon, 20 drops.  
 Aquæ camphoræ, 1 ounce.

M. A favorite prescription in the Hospital of Chest Diseases, London. It is useful in epilepsy, dysmenorrhœa, chorea, hysteria, and the like.—*Med. Summary.*

## VEGETABLE LIVER PILLS.

- R** Leptandrin,  $\frac{1}{2}$  scruple.  
 Paeophyllin,  $\frac{1}{2}$  scruple.  
 Ex. belladonna,  $\frac{1}{2}$  scruple.  
 Ex. nux vom,  $\frac{1}{2}$  scruple.  
 Pulv. ipecac, 5 grains.

M. Ft. pil No. 30. Sig. One pill two or three times daily.—*Druggists' Circular.*

## APTHOUS SORE MOUTH IN INFANTS.

- R** Sodii sulphitis, 30 grains.  
 Glycerine,  
 Aquæ, each  $\frac{1}{2}$  oz. M.

To be used on a swab every two hours.—*Coll. and Clin. Record.*

## EXPECTORANT MIXTURES IN BRONCHITIS.

- R** Carb. of ammon, 1 drachm.  
 Fl. ex. of squills,  
 Fl. ex. of senega, each 2 drachms.  
 Paregoric,  $1\frac{1}{2}$  ounces.  
 Water, 1 ounce.  
 Syr. of tolu, 5 ounces.

M. Sig. From three to four teaspoonsful, as may be required.

- R** Muriate of ammon, 2 drachms.  
 Ex. liquorice pulv., 1 drachm.  
 Mucil. of gum arabic,  
 Water, each 3 ounces.

M. Sig. Tablespoonful every two or three hours.

- R** Iodide of potassium,  $2\frac{1}{2}$  drachms.  
 Syr. of tolu,  
 Glycerinæ, each 2 ounces.  
 Sulph. morphææ, 1 grain.

M. Sig. Tablespoonful once in four to six hours.

- R** Wine of antimony,  
 Fl. ex. senega,  
 Sweet spts. nitre, each 1 ounce.

M. Dose.—One to two teaspoonful, as required.

- R** Syr. of ipecac,  
 Syr. of squills,  
 Paregoric,  
 Sweet spts. nitre, each 1 ounce.

M. Dose.—One to three teaspoonful, as required.—*Med. Gazette.*

## ACUTE ARTICULAR RHEUMATISM.

- R** Acidi salicylici,  $\frac{1}{2}$  ounce.  
 Liq. ammon. acetatis, 2 ounces.  
 Aq. distil, 3 ounces.  
 Syr. aurantii cort., 1 ounce.

M. Sig. Tablespoonful in water every two hours.—*Med. and Surg. Reporter.*

## TONIC IN NERVOUS EXHAUSTION.

- R** Strychnia acetat., 1 grain.  
 Acid acetici, 20 minims.  
 Alcoholis, 2 drachms.  
 Aq. distil, 6 drachms.

M. Sig. Ten drops in water three times a day.—*Amer. Med. Digest.*

## SPERMATORRHOEA.

- R** Fl. ex. damina, 3 ounces.  
 Fl. ex. coca. erythox, 1 ounce.

M. Sig. Half an ounce three times a day.—*Lancet and Clinic.*

## ANTI-PYRETIC.

- R** Sulph. quiniæ, 5 grains.  
 Tr. digitalis, 15 minims.  
 Phos. acid. dil., 15 minims.

M. Sig. To be taken, properly diluted, once in four or six hours. Useful in pneumonia and other inflammatory fevers.—*Amer. Med. Journal.*

## NEURALGIA OF THE STOMACH.

- R** Bi-carb. potassa, 1 drachm.  
 Acid hydrocyanic dil.,  
 Sol. morph. sulph., each 24 drops.  
 Aquæ camphoræ, 6 ounces.

Sig. Teaspoonful as required.

—*Louisville Med. News.*

## TO PREVENT ABORTIONS.

- R** Ex. hyoccyami., 1 drachm.  
 Ex. juglans cineræ, 1 drachm.  
 Ol. sassafras,  $\frac{1}{2}$  drachm.  
 Sodii bi-carb.,  $\frac{1}{2}$  ounce.  
 Syr. simp., 6 ounces.

M. A teaspoonful of the mixture may be administered three times daily during the entire period of pregnancy, after the threatened abortion.—*Med. Summary.*

## SCALD HEAD.

- R** Creosote, 20 drops.  
 Acetic acid, 1 drachm.  
 Mix.  
 Oxalic acid,  $\frac{1}{2}$  drachm.  
 Boiling water, 4 ounces.

Mix and add both together. Shave the scalp and apply night and morning.—*Eclectic Med. Journal.*

# THE PEORIA MEDICAL MONTHLY.

THOS. M. McILVAINE, A. M., M. D.,

*Editor and Publisher,*

204 South-Jefferson Street, - - - - - PEORIA, ILL.

\*. All exchanges, books for review, and communications must be addressed to the Editor and Publisher.

\*. The publication day of this journal is on or about the 15th of each month

\*. To subscribers! A pencil mark at this place indicates that the time of your subscription has expired, and that a prompt renewal is urgently requested.

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## Editorial Department.

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### A Question in Ethics.

A card has been sent to us with the request that we give our opinion as to its ethical qualities. The card referred to reads as follows: "Dr. X. Y. Z., physician and surgeon, Blanktown, U. S. Special attention to chronic cases."

The question is regarding the propriety of the latter clause.

In our opinion the card is in poor taste, and is beyond the limits of the code of ethics. Had the advertiser placed on his card, Practice *limited* to chronic cases, or diseases of the eye and ear, or diseases of women, we believe it would not have transgressed the bounds of propriety; but to put forth and *distribute* a general card as physician and surgeon and then tack on a "special bid" for a special practice, places the advertiser, in our estimation, in the rank and file of irregular practitioners, so far as the code of ethics is concerned.

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### A New Medical College at San Francisco.

This does not mean that a new faculty has been formed, etc., but the following extract from the *Medical Record* will explain: "A new building has been erected by Dr. L. C. Lane at a cost of about \$85,000, on a lot worth \$15,000, and conveyed by him as an unreserved donation to

the Cooper Medical College, which is a re-incorporation of the Pacific Medical College, the faculty of which remains unchanged. The college is named after Dr. Elias S. Cooper, now deceased." This item has considerable interest for the older physicians of Central Illinois. and especially this city, as Dr. Cooper was for years a practitioner in Peoria, and Dr. Lane (his nephew) studied medicine with him here. (We hope our exchanges will not explain that it is necessary for a physician to leave Peoria in order to gain a reputation.)

### The Bellevue Medical College of Massachusetts.

A circular has lately been issued by the Illinois State Board of Health exposing the above named institution. We are sorry that our space will not permit of its insertion in full, as it shows up one of these fraudulent schools in a laughable manner.

Learning of the existence of such a college, the Secretary of the Board procured the writing of the following letter:

SPRINGFIELD ILL Oct 24

*Mr. Rufus King Noyes Esq Boston Mass*

DEAR SIR will you please Inform me what are the Requirements and fees for Graduation at Your College also how long your course of lecture is

Yours Truly

V B KELLY

p 8 I have bin redin medecin about a year

To this the following reply was received:

BELLEVUE MEDICAL COLLEGE.

*Mr. Kelly:*

BOSTON, MASS., Oct. 27, 1882.

DEAR SIR: Enclosed please find circular of Bellevue Medical College.

For graduation it is required that you be and feel competent [*sic*] in Diagnosis, Treatment and Doctoral Conduct; that you can relieve human suffering; and that you prepare an essay or a thesis and present to the College.

The circular shows the regular five months course, *but five months does not stand in the way of graduating any competent person.* If you cannot meet the above requirements you can come with us and be prepared in private in Diagnosis, Treatment or any other department of study in which you may be deficient.

The regular fees are as named in the circular. In certain cases when extra attention is given an extra small fee may be charged.

Sincerely,

RUFUS KING NOYES, M. D.

On receipt of the above Mr. Kelly wrote again, enclosing his *thesis* on vaccination. We give both:

SPRINGFIELD ILLINOIS October 30 1882

*Dr Rufus King Noyes Boston Mass*

MY DEAR DR Your esteemed favor came to hand this morning I can see no reason under your Rules why I Cant get one of your Diplomys I have bin Reading Medecin for a year and Besides that I hav ben tending on sick Purty near all my life so I hav a Purty Good idee About the Business I hav a Good Many

friends who I Doctor and they would Rather hav me for a Doctor than any body else for I can Cure them when other Doctors Cant I Can Diagnose a case every time But as I hav no Diplomy I cant Charge any fea so I need a Diplomy from a Good Colege but I aint got funds enuff to go Thear and I aint got much edication Eather but I dont think a man must go Through Colege to know how tu Doctor I know some Doctors who want to cramm Thear heads with Theories and no Practiss and they are so Intolerable that they want Every Man to go to Colege but they are Rich and I am Poor and they want to crowd me out Because they are Afrade of Me and if I had a Diplomy I could hold my own with the best of them These Doctors would not bother me If I had a Diplomy of the Bellevue Medical Colege and then they say I dont know Nuthing Because I Dont Beleave in Vaccination But I hav seen Enuff of that Business but I will write a Essay on that Thing and you can see what I think now Doctor I am poor and if you will give me a Diplomy cheap I will do the Best I can for your Colege I think I hav showde you I am qualified and you can see what I know By the Essay I send you You can send a Diplomy C. o. d.

Address to Yours Truly

V. B. KELLY Box 3027 Springfield Ill

P s send rite away

The following is a verbatim copy of what Mr. Kelly "thinks about vaccination," forwarded with the above:

#### VACCINATION

The Grate increase of Disease in thease Late years Calls for Explanation Undoubtedly the Doctors of this Day is to Blame for very Much of it But more than anything Else in My opinion is the Inseartion into the Pure Blood and Vitale fluid of our Inosent offspring of that vile Disease of the Animals cowpox So grate has the Curse Became that Priviledges of School Education is Denide in this and Many other States to Those who wisely Refuse to Submit to this Curse this is just a Peace of the Nonsensickel Medical teachings of the Day when Theory and Imagination Rool Instead of Practical Expearance and wich keeps its Students in close Confinement a Big part of three or four years to hear the Nonsens wich is thear peddled out to them consumption Siffles and Skin Diseas Runn Wild among the People This calls for a Strong kick on the Part of our noble Profess-ion which should seek to Build upp the Health and Streangth of the People instedd of Planting the Seeds of Diseas in Them To Prove that Vaccination Dont do no good we need only to say that Thear has Been More Small Pox in this Place in the last year than thear was in the last Nineteen or Twenty year and more deaths from it I neadnt say no more About a Thing that is so Plane to Eny thinking man or Woman Eathar we should all Band ourselves together in all Parts of the Country to Shut off this Cursed Practiss the People Should be taught Better But the Days is coming when Enlightenment will take the Place of Ignoranse and Prejudice and when that Time Comes these fanatics who live by Scaring People will hav to step aside and Vaccination will not be Heard of any more

By V B KELLY

To these the following reply was promptly received:

Mr. Kelly:

BELLEVUE MEDICAL COLLEGE, BOSTON, Nov. 2, 1882.

DEAR SIR: You, as a candidate for graduation, have been *favorably considered* by the Faculty; and your *thesis has been examined by the Professors and found to be acceptable*. In consideration that you cannot attend the college, you are required to purchase two tickets of matriculation. *These tickets will show that you, will have been under the instruction of the Bellevue Medical College for two years*. These two years, together with the one you have studied by yourself, will make as much time spent in the study of medicine as is spent by any other medical student from any other college. We believe you are and will ever be competent in Diagnosis, Treatment and Doctoral conduct. Of course you know every doctor has to continue his studies after he has taken his diploma. *You are correct on the Vaccination question*, and I am confident you will meet with continued success. *Your diploma will be sent C. O. D. one week from the date of this letter*. It will be securely packed in a pasteboard box. Your bill for diploma and two tickets is \$150.00. The tickets and diploma go together. The one cannot go without the other.

— President.

Without quoting more from this interesting corres-

pondence, suffice it to say the diploma was sent by express, C. O. D., and the swindle fully exposed. The Secretary of the Board of Health closes his circular with the following pertinent remarks:

Comment on the foregoing would be entirely superfluous were it not that this travesty on much that goes for medical education in the United States is so ludicrous as to mask the satire it contains. It would not be difficult to parallel the tenor of the Third Year's Announcement of the Massachusetts Bellevue with announcements of older institutions not chartered as "manufactured corporations." Nor is the mode of making out the necessary time "spent in the study of medicine" entirely unfamiliar to many colleges which claim to be in good standing, and which, unfortunately, are accepted as such. How many ignor-amuses with not one whit more of education, either literary or medical, than is displayed in the essay on "Vaccination," are every year turned loose upon the public, each bearing a "diploma" reciting that some particular Rufus King Noyes and his colleagues have adjudged and decreed the bearer (in the sonorous Latin of the Bellevue sheepskin, price \$150, C. O. D.), *hominem egregium studiis opitimus deditum*—a distinguished man devoted to the noblest pursuits—*dignum atque idoneum qui honoretur altissimo dignitatus gradu*—worthy and fit to be honored with the highest mark of distinction. Having sufficiently investigated (as to his scientific and scholarly attainments),—*satis compertum exploratumque habemus*,—as witness the thesis on "Vaccination," we, to-wit: Rufus King Noyes, with one consent—*uno animo*—have created and made—*creavimus et fecimus eum Doctorem Medicinæ*—literally "manufactured" him into a doctor!

#### Notes and Comments.

There are 215 professors in the University of Berlin. Chicago has good reasons to hope.

Short crop of Norwegian cod-liver oil this year. Look out for an advance in the linseed oil market.

Nine states still lack Boards of Health. Some of those having this treasure now wish to have them remodeled.

Dr. Kingston, of Montreal, recently removed an ovarian tumor from a child of two years. The child was in a fair way to recovery.

In reply to a suggestion that he establish a hospital for fallen women, the Emperor of Austria said that he had not enough money to roof over the whole of Vienna.

In Providence, R. I., with a population of 104,000, not a single death from small pox has occurred since 1875. The reason given is "general and careful vaccination."—*Exchange*.

Quite a number of states have passed laws forbidding the sale of the toy pistol. We hope the Illinois Legislature will not forget the subject at the coming session. Dr. Rauch should keep it before them.

Dr. Oliver Wendell Holmes has resigned the chair of anatomy at Harvard, which he has filled for thirty-five years. His time will now be devoted exclusively to literature. Who says Boston baked beans is not a healthy diet?

A homœopathic physician in Switzerland advertises that he performs "surgical operations *milder* than any physician of the other school." At last we know what a homœopathic surgeon is.—*Chicago Med. Jour. and Examiner.*

In filling out a "birth return" in a case in which the name of the father was doubtful, a Chicago doctor, with prompt exhibition of forethought equal to any emergency, filled in the blank *E Pluribus Unum*. The name of the child perhaps might be given as *Erin go brah*.

Wife (to a doctor just home from a week's hunting): "Well, James, did you shoot anything?" Doctor (sadly): "No. Awfully bad luck; never killed a thing." Wife (who knows him, sweetly): "My dear, you would have done better if you had stayed at home."—*Med. Record.*

The wife of Dr. E. C. Sequin, of New York, in a fit of insanity, shot her three children and then herself. All were dead when discovered. The doctor has the sympathy of the profession in his dreadful affliction. He has gone to Europe for the winter to escape the memories which must render his home a torment.

Quite a number of subscriptions have expired during the past few months, but we have neglected to mark the proper place to notify our friends of the fact. We hope every one knowing that his time has expired will promptly forward his renewal at once, whether his journal is marked or not. Please attend to this small matter at once.

The health officers of Cincinnati are accused of making false reports about small-pox, and that they have concealed the true number of cases. The city is greatly alarmed and fears there will be a general epidemic this winter. The Chicago health officers did the same thing last winter to the tune of a thousand or two cases, but nothing was said about it when it was found out.

In Indianapolis it so happened that the doctors' convention was held first, then the druggists', then the undertakers'. That is generally the way it goes—first doctor, then druggist, then undertaker.—*Indianapolis Pharmacist*. In this neck of the woods the order is frequently reversed, and reads: First druggist, then doctor, then undertaker.

A visiting committee to a hospital came to the second bed from the door of a ward. "Well, my man, how are you getting on? Can we do anything to make you more comfortable?" The patient expressed a wish to exchange beds with the one next to the door, and on being pressed for the reason, said: "That man is my bitterest enemy. The doctors always come in at that door, and they put the same thermometer in my mouth that has just been in that man's stern."—*Exchange*.

The Illinois State Board of Health has collected much valuable information concerning medical colleges, which it has had printed in pamphlet form. From it we take the following interesting statistics. It includes the United States and Canada:

Total number of colleges given.....	175
Total number now in existence.....	119
Total number of colleges whose diplomas have been presented to the Board and recognized.....	99
Number recognized conditionally.....	18
Number not recognized.....	18

All of the latter two classes are in the United States.

Number of colleges absolutely requiring attendance on three courses of lectures.....	17
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In the United States.....8

In Canada.....9

Total number of matriculants, session of 1881-82.....	13,094
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In the United States.....12,454

In Canada..... 505

Graduates since 1882.....	4,380
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In the United States.....4,299

In Canada..... 81

Per cent of graduates to matriculation:

In the United States.....34.6

In Canada.....14.6

Highest per cent.:

In the United States.....83

In Canada.....23

Lowest per cent.:

In the United States.....9.0

In Canada.....2.6

The Michigan University Medical Department is in hot water again. Dr. MacLean has sued somebody for \$50,000 as damages to his character. Somebody else has sued Dr. MacLean for the same amount. The preachers are whacking away at Dr. Frothingham for heresy, and there seems to be a "dickens of a row all around," with our friend Mulheron still to hear from.

The *Canada Medical and Surgical Journal* is authority for the statement that "Dr. Belfield, of Chicago, will deliver the Cartwright lectures in New York this winter." We hope this is true, as it would be a fine compliment to a well-deserving gentleman. He is a young man and he lives in the west—two things which enhance the value of the appointment coming from New York.

#### Receipts for November and December.

To save the time and expense requisite for sending a formal receipt to subscribers, we have for some months past adopted the plan of printing in this place the names of those from whom money has been received during the preceding month. Those remitting will please note whether their names are included in the lists, and if they are not will notify us by card:

ILLINOIS—Drs. M. M. Robinson, John Farrell, J. J. McKibben, J. A. Van Drelzen, D. Creed, H. B. Sikes, E. V. Anderson, C. S. Dickson, Emil Haas, Chas. Scott, A. T. Mobley, W. M. Johnson, J. D. Camerer, Jno. Stout (two years), F. W. Dimmitt, S. Russell, W. F. Millen.

IOWA—Drs. J. H. McCune, — Kittle, J. Gamble, J. Lewis, E. A. Whetstone, J. J. Whitney, M. Enfield, N. W. Hayes, J. M. Payne, J. G. Williams, J. C. Tribbett, I. W. Carder, Adair & Beck, M. C. Boggs, J. W. Firkins, N. M. Smith, G. W. Bellus, V. R. King, D. W. Overholt.

NEBRASKA—Drs. F. A. Long, H. B. Daviess, H. T. Cooper, B. H. Colbury, J. S. Hoyt, Alice E. Huff, A. Taylor, Emma Watkins, Jos. Neville, W. L. Bowman, J. R. Brooke.

KANSAS—Drs. G. W. Haldeman, W. W. Carter, D. O. Hopkins, W. S. Newlon, Daniels & O'Flynn, W. D. Matney, C. C. Corkins, D. W. Mason, H. C. Miner, J. M. Ennis, R. J. C. Dodds, G. H. Brown, W. H. Wells, A. Puderbaugh, E. N. Stearns, T. J. & A. A. Cowry, J. P. Scoles, J. H. Seaton, W. Morton, A. G. Murshman, J. D. Bryan.

MISSOURI—Drs. A. M. Smith, C. A. Wicks.

OREGON—Drs. Ralph Leonard, J. F. Grimm.

KENTUCKY—Dr. F. J. Sullivan.

# THE PEORIA MEDICAL MONTHLY.

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VOL. III.—JANUARY, 1883.—No. 9.

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## Original Communications.

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ART. I.—Intestinal Obstruction. BY JOHN L. HAMILTON, M. D., Peoria, Ill.  
Read before the Peoria City Medical Society, December 4, 1882.

*Mr. President and Members of the Society:*

I present to you this evening a short paper on the subject of intestinal obstructions. These are usually due to one of the following causes: Constipation, compression, stricture, strangulation, impaction, or intussusception. The description of a case arising from any one of these causes may appear plain, and one, you might think, very easily diagnosed; and it is true we may easily learn that we have a case of obstruction of the bowels, yet in practice I hardly know of any condition so surrounded with difficulties in making a definite diagnosis of the kind of obstruction we have to treat. There are three symptoms almost constantly present in all of the obstructions. These are pain, vomiting and constipation. Pain is always present, but may vary in its mode of coming on, duration and intensity, and it sometimes is an important diagnostic symptom. If little pain is produced by handling the parts, or a sense of relief is experienced by pressure upon the bowels, we may infer there is no inflammation present; that the case is probably one of colic, due in part to gaseous distension. If acutely tender on pressure, the inference is that peritonitis exists; or if pain is only elicited after deep pressure, enteri-

tis may be suspected. But whether pain exists without inflammation, or with peritonitis and enteritis, the peristaltic action of the bowels always increases it.

The pain is not always over the seat of obstruction. When the small intestines are involved the pain is usually found to be in the region of the umbilicus. The tendency of the pain, in all of these cases, is to be more or less spasmodic.

Vomiting is rarely, if ever, absent in obstructions, from whatever cause. Usually, at first, it is sympathetic. After a time it is due to the regurgitation of fluids into the stomach. We find the closer the obstruction is to the stomach the more constant the vomiting. If it is in the larger bowels the vomiting may produce but little trouble. Stercoraceous vomiting, as it is called, which is always a bad symptom, may be entirely absent if the disease is near the upper portion of the intestinal tract. The vomiting is peculiar in these cases. It pours from the mouth with but little effort, and is not usually attended with much nausea, only distress and fulness complained of. Constipation is another of the symptoms accompanying this condition. Still we may have discharges from the bowels, it being the contents that is being carried off from below when the obstruction has taken place. And in stricture, when the bowels are not entirely closed, their fluid contents may be allowed to pass, and give rise to the opinion that there are free fecal evacuations, or remain in the lower bowels until it becomes of some consistence and passes in a natural condition, especially if the constriction is high up in the tract. Also in impactions the fluid contents of the bowels may make its way around or through the impactions in such quantities as to lead us to the opinion that the obstruction has been removed. The same may occur in intussusceptions and in invagination.

When bloody discharges follow soon after the obstruction takes place, we may suspect intussusception. While these conditions may occur in all these obstructions, yet it remains a fact that obstinate constipation is one of the most frequent symptoms. A tympanitic condition of the bowels usually takes place in this case unless the part

affected is very near the stomach. The nearer the rectum the obstruction is the more general will be the tympanitis.

It is only in rare cases that a manual examination of the bowels will reveal the seat of the obstruction, unless it is impaction. In some cases of intussusception the tumor may be felt, and when felt we cannot always say it is a case of intussusception, but it reveals to us the portion of the intestines implicated, and if an operation is to be performed is of great importance. We may learn something in these cases from the amount of urine passed. If it is free and of natural quantity, it is not likely that the obstruction is near the stomach. If suppressed and scanty, it would indicate that the obstruction was so near the stomach that but little absorption is taking place.

The manner of invasion is always an important fact to learn. Strangulation and intussusception come on suddenly, with acute pain, while the gradual approach of stricture and impaction, if we can get a correct history with the accompanying symptoms, will usually lead us to a correct diagnosis.

That condition known as bilious colic is an obstruction accompanied with inflammation of the muscular coats of the intestines, and if not too actively treated may continue for days, or even weeks, without any discharge from the bowels, and even then the patient recover. I had a patient a few years ago in whom the inflammation continued for three weeks. During all this time there was no evacuation from the bowels. At the end of that time they moved off naturally, and my patient recovered. It was caused by the person drinking ice water when very much heated.

The duration of life in these cases depends very much on the acuteness of the attack. Fatal results are usually more rapid in cases where the obstruction is near the stomach. Obstruction in the colon or rectum, if it is not complete, may last for weeks, or even months, without a fatal termination. Intussusception and strangulation are usually rapid in their course, and, if not relieved, a few days may end the life of the patient. One thing should never be omitted in examining these cases, especially if

there are symptoms of strangulation: Always to make a careful examination of the different points when hernia may occur. I once saw, at a post-mortem, where hernia was not suspected, a loop of the intestines strangulated just within the internal inguinal ring, causing the death of the patient, which was not discovered by the attending physicians.

Tumors may press upon the intestines in such a way as to cause obstruction, or, as often occurs in cancer, the bowels become implicated in the tumor so as to cause permanent obliteration of them. In these cases the tumor can usually be felt, and from the other symptoms a correct diagnosis be made. Large gall-stones have sometimes caused obstructions by lodging in some portion of the bowels, or something the person has swallowed may act in the same way. I have no doubt this often occurs in children. I had a child this last summer with an obstruction in the rectum, which was quite difficult to remove. After getting it away it was found to be a mass of grape seeds. The child had gone into the yard among the grape vines and eaten a large quantity of grapes. Gall-stones may lodge in some portion of the intestines and remain a long time. Even for years do these large stones pass through the common gall-ducts. They have been found in the intestines after having passed from the gall-bladder into the duodenum by ulceration. It is possible that some of those found in the bowels, of large size, have grown by concretions forming around them after their entrance into the bowels. This may account for the very large stones sometimes found there. The portion of the bowels in which they are lodged tolerates their presence and accommodates itself to their slow growth. It is well to remember that obstructions of this kind do occur, and that they may be the cause of the tumors sometimes felt in the bowels that are difficult to account for. In obscure cases of intestinal obstructions a manual exploration by the rectum will sometimes assist greatly in making out a correct diagnosis, and if done early in the disease will do no harm. In treating acute intestinal obstructions we should be careful to avoid purgatives even in the mildest forms, unless we are well

convinced that we have a case where fecal accumulation is the principal cause and it is unattended with inflammation. Then the mildest form of cathartic only should be given. Castor oil, the salines, with enemas, will usually relieve.

Opium in some form is usually the appropriate remedy, and it should be given in sufficient doses to relieve pain and procure rest. Little food should be given, for it is usually rejected by the stomach. What is given should be in small quantities and of the kind most easily appropriated by the absorbents. Opium in these cases not only relieves the pain and quiets the patient, but it often prevents inflammation, and in some cases, by its relaxing effects, acts as a cathartic, as we often find it to do in bad colic.

Functional constipation, with colic, is a very common complaint. In these cases cathartics in some form are the remedies. It is important to recognize these cases from the more serious cases of obstruction. Injecting large quantities of warm water will sometimes relieve. A good way to throw in the water is by means of a syphon tube. Take a rubber tube three feet long; introduce one end into the rectum. After placing the patient into the knee and breast position, place the other end in a basin of water held a little higher than the patient, then start the water by exhausting the air in the tube by pressing along it. The hydrostatic pressure obtained in this way is very great, and must not be continued too long for fear of doing violence to the bowels. Cases of intussusceptions and constrictions by bands, if not too firmly held, may be relieved in this way.

The great tolerance of the intestines, observed in the manipulations in the hands of the ovariologist, leads us to suppose that many of the cases of obstruction might be relieved by opening the bowels and searching for the intestinal obstruction. One reason, perhaps, that laparotomy is not more successful than it is, is because it is resorted to only as the last resort—when the powers of nature are becoming exhausted. After other means have failed, and

especially if the portion of the bowels implicated can be ascertained, I think the operation should not be delayed, as it is known to have been successful in many cases.

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ART. II.—*Venesection as a Therapeutic Agent.* BY ROBERT BOAL, M. D.,  
Peoria, Ill. Read before the Peoria City Medical Society, Dec. 19, 1882.

"The times have changed, and we have changed with them." Thus wrote the Roman poet centuries ago, and the expression is as true now as when it was written. Fashion prevails in the practice of medicine as well as in dress, and the favorite mode of to-day may be supplanted by a new and fresh one to-morrow. For a time some new therapeutic agent will be introduced and ride upon the very crest of the wave of popularity, then suddenly subside and be forgotten. As garments which are out of fashion are thrown aside and consigned to the rag basket or the "old clo'" dealer, so many therapeutic agents which were formerly considered essential to the successful treatment of disease, have been thrown away or relegated to the limbo of forgetfulness. Among those who have shared this fate, blood-letting is, perhaps, the most prominent. When I say blood-letting, I mean the abstraction of blood by the three modes of venesection, cupping and leeching. A third of a century ago all these modes of abstracting blood from the human system were of common and every-day occurrence. The lancet, scarificator and leeches were used as often as the hypodermic syringe, the thermometer, stethoscope and other instruments are to-day, and I am free to say, with as much success in the treatment of disease then as now. That a remedial agent, capable of accomplishing so much good if properly used—one so effective in relieving pain, counteracting inflammation, removing congestion, and equalizing the circulation in the large blood vessels and capillaries, should have fallen into almost entire disuse, is a striking illustration of the fickleness and power of fashion in therapeutics. We need not, however, go far to ascertain the causes which have led to the almost total disuse of blood-letting as a therapeutic agent. Upon the advent of the "eclectics," as they falsely style themselves, some thirty-five or forty years ago, the first onset was made upon

the practice of blood-letting. They denounced it, asserting loudly, in the words of the "Mosaic law," that the "blood was the life," and if any portion of it was taken away, just so much of life was lost. This notion took hold of the popular mind, and by degrees the practice of blood-letting became less and less, until it was almost entirely abandoned. To their aid came the homœopaths, who were with them in their condemnation of the practice. Last, but not least, they were effectually assisted by the fellows with long hair, buckskin shirts and broad-brimmed hats, a species of medical guerilla who hang upon the flanks of the profession, filling their pockets and gulling the credulous. With all these forces joined in the attack, is it any wonder that blood-letting ceased to be employed as a therapeutic agent? Nor was the regular profession proof against these attacks. They succumbed to the popular clamor raised by empirics and knaves, and deprived themselves of a therapeutic agent so powerful for good in the hands of the intelligent and educated practitioner. That this remedy was abused, all admit, and the reaction in consequence of this abuse increased the number of the opponents of blood-letting and diminished that of its defenders. It has been urged by some that the constitutional changes engendered by the luxurious and artificial habits of the present age, afford a good reason why blood-letting should be abandoned. Admitting that the change has occurred, especially in crowded centers of population, it may be a good reason for limiting the use of the general and local abstraction of blood to a less number of cases, but not for its entire abandonment. We are too much given to rely upon the dicta of distinguished men in the profession, and we have leaders in medicine as well as in politics. The opposition of Skoda and others in Germany, Gusolee in France, and Bennett and Todd in Great Britain, has done much to bring the lancet into disrepute. And while the controversy between the advocates and opponents of blood-letting has been earnest and sometimes bitter, the true ground is perhaps that taken by an influential medical journal some years ago, which sums the matter up as follows :

"While the non-bleeding plan has a demonstrable ad-

vantage over that of indiscriminate and repeated bleeding, we maintain that the discriminating practice of moderate and early bleeding, general or local, in cases of more or less sthenic inflammation and of refraining from it altogether in asthenic cases, whether as regards the character of the disease or the constitution of the patient, is pressed upon us both by experience and science."

The use of the lancet and local blood-letting is one of the most ancient and universal remedies in the treatment of violent inflammation and congestion. Now what do we expect to accomplish by either the general or local abstraction of blood? We lessen the fullness of the vessels by relieving their tension; we diminish the number of the red corpuscles and lessen the force of the heart's action; we allay the excitement of the nerve centers and diminish the force of the arterial impulse. I do not believe with Bennett and others that inflammation is a "self-limited process which cannot be cut short or interfered with to advantage." On the contrary, speaking from the experience and observation of many years, I am convinced that congestion and inflammation can be modified, if not subdued, by early and judicious blood-letting, either general or local; and further, in many cases I believe it is one of the surest, mildest and safest of remedies. It has often been urged by the opponents of blood-letting, that it reduces the strength and vital powers of the system. This, in my judgment, is neither its object nor effect. We aim not to reduce the strength of the patient, but only to reduce the vascular excitement; in other words, to equalize the circulation and prevent congestions or determinations of blood to particular organs or tissues. I have seen many cases where a moderate general or local abstraction of blood instead of lessening the patient's strength actually increased it. You may pile weights upon a man lying down, so that he cannot rise. He has as much strength as before the weights were placed upon him, but he cannot use it. Take away one-half the weights and he can get up and move about as well as ever. The man lost no strength, but it was overcome by superior force. So the system or a particular organ may be weighted down, so to speak, by general plethora, active congestion or sthenic inflammation. Re-

move or reduce these weights by abstracting blood and you give instead of taking away his strength. Now for what forms of disease may we use general or local blood-letting :

1. We may abstract blood in inflammation of high and active grade, in whatever organ of the body it is present.

2. In cases of congestion or engorgement, threatening hemorrhage or inflammation.

3. In a general plethoric condition of the system, threatening inflammation, congestion or hemorrhage from some particular organ.

4. In spasms or convulsions of a sthenic character.

These are the principles upon which blood-letting should be based, and they are as old as the practice itself. To illustrate by example: In meningitis, occurring in a strong vigorous person of full habit of body, blood-letting is one of the most efficient agents in subduing the inflammation. The brain from its anatomical relations, being shut in by the hard and unyielding skull, is subject to congestion or inflammation, to great vascular pressure, and as I have said, in proper subjects there is no such speedy, safe and effective agent in diminishing or removing it as blood-letting. The same may be said of the lungs and their investing membrane, the pleura. They are closed and confined by the walls of the chest. Vascular pressure is marked in pneumonia, although not to the same degree as in meningitis. Formerly the almost universal practice was to bleed in pneumonia, especially in the early stage. Not once, but often twice, or even three times, and if the bills of mortalities could be examined I have no doubt they would show as low a percentage of deaths as under the modern non-bleeding treatment. I well remember that forty years ago, when President Harrison died of pneumonia in Washington, to have heard the expression from several eminent western physicians that if he had been bled and treated as pneumonia was treated in Illinois he might have recovered. I mention this incident to show how important blood letting was then regarded in the treatment of pneumonia. In what we now know as uremia venesection was fre-

quently practiced with beneficial results. They did not know it then by that name but called it inflammatory dropsy. In pregnancy venesection was often resorted to, and it was an almost universal practice to bleed a pregnant woman if she exhibited any evidence of full habit. It was also practiced during labor if the pains were grinding and the os uteri and the soft parts rigid, and, while I would not advocate the revival of the practice, except in rare cases, I know from experience that it did a great deal of good. In puerperal convulsions, from whatever cause they may arise, if the woman is stout, well developed and of full habit, I regard venesection as one of our most efficient agents in arresting them. I have seldom witnessed a fatal case of convulsions when venesection was properly used. While chloral, veratrum and other agents are useful and often efficient adjuncts in the treatment of this appalling affection, they can seldom take the place of bleeding. These are a few of the diseases to which blood-letting is applicable. Others as apoplexy, certain cardiac affections, etc., might be cited were it necessary. As to the quantity of blood to be abstracted in venesection that must be left to the judgment of the practitioner of its effect upon the pulse. In bleeding by cupping and leeching, oftentimes the most rapid and beneficial effect is produced. Their revulsive action is well marked. It is said that cupping has, in addition to its revulsive, more of a counter irritant effect than leeching. When the parts from which local abstraction of blood is to be made are tender, as in an inflamed joint, in pleurisy, in peritonitis, leeching is to be preferred as less irritating than cupping. In venesection a small amount of blood will do more good and it will require less to produce the same effect if it is drawn while the patient is sitting up. When blood-letting was in vogue this was the almost universal practice. It economised the loss of blood and from the partial or complete syncope which generally followed, the excitement of the heart and arteries, and the active determination of the blood to the diseased organ or tissue was modified or lessened. It cannot be denied, even by the opponents of blood-letting, that it is a potent therapeutic agent. Its abuse in the past should not exclude its proper

and judicious use in the present. Why should we discard a valuable remedy because of a popular prejudice against it? I do not wish to be counted as an advocate of blood-letting as a general practice, but as I have already said there are many causes in which it might be used to the advantage of the patient and the credit of the doctor. Particularly is this the case with regard to local bleeding. In my judgment, if cupping or leeching were oftener resorted to our success in the treatment of many ailments would be greater than it is now. My object in presenting this important plea in behalf of blood-letting has been to call the attention of the younger members of the profession to a valuable remedy, of which they probably know little, except from reading. Of the several thousand graduates from our medical colleges within the past few years, it is questionable whether two per cent. of that number ever opened a vein in venesection or know the use of a spring lancet when they see it. And it may also be safely said that very few of them ever used the scarificator and the cups, or ever ordered, much less applied a leech. Neither you nor I, Mr. President, may live to see it, but it is not unlikely that in the "chances and changes of this mortal life" or the mutations of fashion, the good old remedy of blood-letting will be again restored to professional and popular confidence and occupy the place in our therapeutics to which it is justly entitled.

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ART. III.—The Michigan University Trouble. BY C. B. MACLAY, Delavan, Ill

As this is the era of free speech, it is not to be wondered at, that liberty often becomes license, and when opportunity offers that many of our public teachers do not resist the inclination to strike at dogmas which they reject rather than to render a reason for their own unbelief. Especially is this apt to be the case when the audience is composed of learners who are sitting at the feet of learned professors, and who are just in that condition of mind to be easily swayed by a positive decision. In the medical lecture-room particularly, it seems to be true, that when reference is made incidentally to any religious custom, historical incident, or article of faith pertaining to christian-

ity, there are professors who so far forget themselves as to throw out innuendoes or to sneer, perceptibly. The writer has heard this trouble years ago, and late students report the custom still prevailing. Even the learned and celebrated Dr. Gross was heard to express during his last course of lectures, a suspicion that the woman whom the scriptures describe as "blessed among all women," was a woman of the town! 'Tis painful indeed to think that any man of scholarly attainments can stoop so low or wantonly thus offend. No matter how men differ in opinion, nor how strong their prejudices may be, it is neither wise nor prudent for them to take advantage of the platform to throw mud. Respectful argument, if in place, should always be heard without a murmur. The fact is before us that many medical men have never had an opportunity of studying mental and moral philosophy and are not at all versed in metaphysics, and are therefore in no condition of mind to weigh arguments for or against questions of a purely metaphysical, or mental or moral character. It is to be expected that minds thus untutored are apt to run from the very outset, in the study of medicine, toward the basest materialism, and spurning christianity and all its teachings regarding the human soul, to turn aside to something no better than civilized animalism. It is also true that learned men who are dealing with nature's secrets, and unfolding the glories of her law, do become so blinded by their very devotion to the rule of second causes, as to relegate the great first cause to the regions of oblivion.

The parallel exists in the case of men of great mechanical skill and acuteness of perception, as to ways and means, who have spent time and money and do yet labor for the invention of the perpetual motion, when it is obvious that no machine can make power, but is simply a mode of communication, receiving and transmitting with even a high percentage of loss. Uneducated minds the world over set *vision* before *perception*, and visible results always in advance of design. It is said "nothing succeeds but success," but after all what men call success is what they can behold with the eye. The grandest and most glorious successes are only realized by the contemplative and far-seeing

minds that are not fastened upon or blinded by the brilliancy of a single object in a special direction. Scientific men, who pride themselves on the name, ought not to be too eager in holding up to derision what they call religious fable when they remember the vagaries of their own class. It may be triumphantly stated that there is now no theory received and endorsed largely by the scientific world but has been at some time, in the history of science, denied, derided and spurned by intense partisans in the scientific domain. It is well known that "oppositions of science falsely so-called," as Paul terms them, have always bristled with antagonism to religion; as it is also true that many religionists regarding anything in any way seeming to contradict the testimony of the Bible, have thought themselves called upon to battle in the cause, as the disciples of Christ on one occasion wished to call down fire from heaven on the people who would not receive their Master's company. It is to be hoped that the day of controversy for the sake of controversy, has passed away, and that no man will needlessly depart from any given line of thought to strike, to destroy or even wound an adversary, but all discoveries be in the line of truth, and every purpose to speed the day of man's mental, moral and physical thorough culture. When a lecturer finds himself compelled to give his opinion adverse to christian dogma, let him do so, deliberately but politely, and not forget to state that it is an opinion and his own. . Let men desist from setting forth theory as fact, and supplying missing links from their own imaginations.

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**ART. IV.—Compensation to Surgeons and Physicians, Especially Relating to the President Garfield Audit. BY HIRAM NANCE, M. D., Kewanee, Ill.**

I want to premise, in the remarks I may hastily make, that I am decidedly in favor of being well paid for my surgical and medical services, and at the same time have no jealousy towards anyone in our profession, but will say I am uncompromisingly opposed to over and exorbitant charges in anything, and especially in our profession, and particularly when our practice is confined to city, county, state or national patients. No physician has any right, nor is there any justice in making an extra or over-charge, for

such professional business, and this applies in the case of our lamented president. I have repeatedly seen in our county board of auditors bills made, reduced from the amount claimed by physicians making them for services performed for paupers, and not unfrequently pay entirely refused. This refusal had become quite common since the erection of county poor houses, and the employment by contract of physicians in nearly every town in the country. This town contract business is an outrage. A few of our petty town officials slip around amongst the physicians and quietly whisper that the contract for attending paupers will be let to the lowest bidder, but they are always sure to only make this known to *their* special physician friend, and of course he gets the business. He may be a man of talent and fine medical attainments, but the contrary is generally the case, and he is usually paid not over half what the services would really be worth if performed by an experienced and cultivated physician. This is certainly wrong. Is it a crime to be poor, and should our pauper population not receive equal treatment with those more fortunate in the possession of a competence? In fact they are treated as criminals. They can't say a word in regard to the selection of their medical adviser, and if one of them becomes suddenly ill and employs a physician who is not the town physician, when he presents his account to the county board it is flatly refused, and there is no alternative but to lose it. I have seen so much of this kind of business that I am disgusted, and now I never pretend to present a bill to our county officials for adjustment and payment. If I attend a pauper I do it knowing that my reward is not of this *world* or this *county*. Of course all counties and all cities should have one or more physicians constantly employed to look after their hospitals, almshouses, pest houses, etc., but physicians of merit should occupy those places, and not ignorant quacks and mountebanks, selected by more ignorant pothouse politicians, and this is the rule rather than the exception.

Now, what I want to say on this subject is, every pauper residing several miles away from the county house, and in other towns in the county, should have some choice in

the selection of a physician, and that this physician should be paid just as much for his attendance (and no more) by the county as if the patient was a man in good circumstances and paid his own bills. But I want to especially denounce any physician or surgeon who will bring in an exorbitant bill, because the county, city, state, or United States, is the rich payer. Nothing in my mind seems more contemptible than this tendency on the part of many men to squeeze the orange because it is rich ; and I am sorry to inform our fraternity that they are a good deal like many of our would-be pensioners—they want the money whether they really are entitled to it or not.

Now, my dear doctors, when you perform either medical or surgical practice, don't be afraid to present your bills; don't be ashamed of your charges ; don't depend upon an auditing board to say what you shall receive ; come out like gentlemen, make a reasonable charge and be able to sustain it by the testimony of reliable *prima facie* and expert evidence. I highly disapprove of the method pursued by the physicians who were in attendance on our lamented president, in not making out a reasonable bill for services, and not depending upon the judgment and *generosity* of a congress made up of mixed politicians ; they to select a committee of men to audit it. Now, why couldn't Drs. Bliss, Agnew, Hamilton and Reyburn make out regular charges, and if not paid, proceed to litigate them as in other cases where regular charges are made and sustained ? But, because he was an official in high position, the bill was left without direct charges, hoping to receive fancy remuneration. It seems Dr. Bliss is to receive \$6,500 for about seventy-eight days' attendance, or about \$83 a day ; Drs. Agnew and Hamilton each \$5,000, or at the rate of \$63 a day, and Dr. Reyburn over \$50 a day, and this is for every day from the time he received his injury until his decease ; and, of course, they were not in continued attendance with the exception of Dr. Bliss. Now I call this good pay, and any physician or surgeon not satisfied with it had better retire from the profession and let some of us try a hand, and not be afraid or ashamed to bring in a reasonable charge that could be sustained in any court of justice.

### Book Notices.

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**Electricity in Medicine and Surgery.** BY GEO. C. PITZER, M. D. Professor of the Theory and Practice of Medicine in the American Medical College of St. Louis, etc., etc. First edition; 8 vo., cloth; pp. 85. Price \$1.00. 1883.

The author says in the preface that "he has aimed to make everything as plain and simple as possible" and we believe he has admirably succeeded.

The first 32 pages are taken up with a description of various electrical machines in most common use, how they are made, how to take care of and use them. This is all told in a practical way and is just what a great many physicians want to be told.

The rest of the book is devoted to Electro-Therapeutics, and while, as a matter of course, Dr. Pitzer could not get very deeply into the subject in so limited a space as 50 pages, yet we must say that what he has given will do more good than if his book had contained 400 or 500 pages.

Some ten pages are quoted from Dr. R. J. Curtiss' articles in the PEORIA MEDICAL MONTHLY, and due credit is given to Dr. Curtiss' observations and studies with electricity.

We have read the book with profit and heartily recommend it.

**Legal Medicine.** BY CHARLES MEYMOTT TIDY, M. B. F. C. S., etc., etc. 8 vo.; cloth; 2 vols. Wm. Wood & Co., New York.

These two volumes close the list of the Library of Medical Authors for 1882, and will no doubt be heartily welcomed by every subscriber to this valuable series. The author has collected an immense amount of interesting data for this work, and his arrangement will be found natural and easy.

Should this series be continued the coming year, we predict for it a largely increased sale as every year it becomes better and more valuable.

### Pamphlets and Reprints.

**ANNUAL REPORT** of the Supervising Surgeon General of the Marine-Hospital Service of the United States for 1882. Paper; 300 pages. Government Printing Office, Washington, D. C.

PRELIMINARY REPORT on the Yellow Fever Epidemic of 1882, in the State of Texas. From the Treasury Department. Paper ; 63 pp.

VICK'S FLORAL GUIDE for 1883. Illustrated ; paper ; pp 134. Jas. Vick, Rochester, N. Y.

THE OLEATES AND OLEO-PALMITATES IN SKIN DISEASES. By J. V. Shoemaker, A. M. M. D. From Trans-Penn. State Med. Soc. 1882.

THE TREATMENT OF SYPHILIS, with Subcutaneous Sublimate Injections. By the same author. From Trans-American Med. Association, 1882.

THE THERAPEUTIC ACTION OF POTASSIUM CHLORATE. By the same author. Trans-American Med. Association, 1882.

THE PHILOSOPHICAL RELATIONS OF HEAT TO DISEASE. By Romaine J. Curtiss, M. D., Joliet, Ill. Reprinted from *St. Louis Med. and Surg. Jour.*, Oct., 1882. pp. 12.

CONTRIBUTION TO SURGICAL GYNECOLOGY. By Edward W. Jenks, M. D. L. L. D., Chicago, Ill. Reprinted from the Transactions of the Illinois State Medical Society, 1882, being the report of the Chairman of the Society on Gynecology. Paper ; pp 21.

MODIFIED LISTERISM in Ovariectomy, with a report of Five Recent Operations. By the same author. Reprinted from the *Michigan Medical News*, Dec. 1, 1882.

SOME THOUGHTS ON PHTHISIS, with Special Reference to the Value of Laryngeal Symptoms in Diagnosis. By M. T. Coombs, M. D., Louisville, Ky. Reprinted from *Archives of Laryngology*, July, 1882.

MENSTRUAL AMBLYOPIA. By the same author. Reprinted from the *Medical Herald*, Oct., 1882.

FOURTH ANNUAL REPORT of the State Board of Health of Illinois. Paper ; pp. 213. From the Secretary. Published at Springfield, Ill., 1882.

THE CITY OF MOBILE (Alabama) as a Winter Resort for Health and Pleasure of Invalids. By W. H. Anderson, M. D. pp. 18.

REPORT of the Board of Trustees of the Arkansas State Lunatic Asylum, Little Rock, Ark., Jan., 1883. pp. 14.

### Periscope.

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#### Chrysophanic Acid in the Treatment of Psoriasis.

Anyone who has had experience in the treatment of this disease by the old-fashioned method with tar ointment, and who employs chrysophanic acid for the first time, cannot fail to be struck with the almost marvelous effect of this drug. Yet there are many in the profession who do not know its value, and there are a few who doubt its efficacy. At a recent meeting of the New York Dermatological Society, this was made the subject of a very interesting discussion, and certain conclusions were then formulated and pretty generally agreed upon, which we consider of sufficient value to present to our readers :

1. That chrysophanic acid is perhaps the most efficient agent known to the profession for the external treatment of certain cases of psoriasis, especially chronic cases which have resisted other methods of treatment.

2. That its range of application is limited ; in children, in patients with sensitive, irritable skins, and acute cases, generally, it is contra-indicated.

3. That in psoriasis affecting the face and hairy scalp, the intensely irritating action producing puffiness of the face and eyelids, and its discoloring effect upon the hair, render its employment impossible.

4. That it is prompt in its action, a week or ten days' active treatment being usually required to develop its full therapeutic efficacy.

5. That its curative effect is only temporary ; it does not afford a safeguard against relapses.

6. That it probably acts only locally and by virtue of its irritating properties, setting up a substitute inflammation, which modifies or corrects the tendency to overgrowth of epidermic cells.

7. That its employment is attended with certain objectionable results, some of which always follow its use, while others seem to depend upon idiosyncrasy, physiological and morbid predispositions, etc.

8. That a brownish, prune-juice discoloration of the skin which persists long after the application is discontinued, a reddish staining of the hair and nails, and an indelible dyeing of the clothing, are inseparable from its use.

9. That the erythematous and furuncular inflammations which occasionally follow its use may be classed as incidental effects, as they do not always depend upon an

excessive strength of the preparation employed, but are frequently manifest after a mild application; intense dermatitis, resulting in exfoliation of the epidermis in large flakes, has been observed after an application of 10 grains to the ounce.

10. That the strength of the ointment recommended by Balmano Squire (2 drachms to 1 ounce) is excessive; a milder strength (20 grains, 1 drachm to 1 ounce) being usually sufficient to develop the full therapeutical virtues of the drug.

11. That in other diseases for which it has been recommended, as acne, favus, pityriasis versicolor, eczema marginatum, etc., chrysophanic acid possesses no advantages over certain other drugs which are commonly used.

Pyrogallic acid was thought to be the best substitute for the other in cases where the skin was unusually sensitive, or where the disease attacked the scalp and face. With regard to the strength of the ointment of chrysophanic acid, in our own experience we have never found it necessary in any case to employ a stronger application than one containing 10 grains to the ounce. In one case, which we are in the habit of citing, a strong man was made alarmingly ill by the application of an ointment of the above strength. The case was one of general diffuse psoriasis, and on the second day of the treatment he was seized with a rigor, his temperature rising to 105 degrees, and the body was found soon after to be covered with a rash identical in many of its characters with that of scarlet fever. This peculiar action of the drug was not understood at the time, so that some uneasiness was felt for the moment. The feverish symptoms of course rapidly subsided, and a complete cure of the psoriasis followed. Ever since we have preferred, especially in private practice, to feel our way, by commencing the treatment with an ointment not stronger than six grains to the ounce. One of the greatest objections raised against chrysophanic acid is its unfortunate property of staining the clothing. This can be obviated in great measure by employing a species of varnish recommended by Dr. Fox of New York. This is made by suspending about 10 per cent. of the acid in flexible collodion. By rubbing up the powder first with a little alcohol and ether, and then adding the collodion and shaking, a more uniform mixture is made. Dr. Fox thinks that the varnish is not quite so efficacious as the ointment, but, after drying for ten minutes, will not stain the clothing.—*Canada Med. and Surg. Journal.*

**Chronic Alcoholism—Its Pathological Aspects.**

Excerpts from an article by G. K. Sabine, M. D., in *Boston Medical and Surgical Journal* :

*Changes in the Skin.*—In the early stages of this affection the skin is remarkably smooth and soft, owing to an increase in the fatty tissue. Later on the skin becomes dry and on the extremities hard and inelastic.

*The Blood.*—The most striking change in the blood is an increase in the watery elements, and diminution in the fibrine. It contains much serum, forms no or only very small coagula, and is of a very dark color. Another peculiarity presented by the blood is the increase of fat.

*Fatty Tissue.*—There is a marked increase in the subcutaneous fat, in the fat between the muscles about the different organs, especially heart, kidneys, intestine, in the greater and lesser omenta, in the mesentery, etc. In the later stages of alcoholism, when the digestion becomes impaired and the blood deteriorated, this accumulation of fat disappears. According to Rokitsansky there is an increase of fat in the marrow of the bones, the bony tissue at the same time being atrophied.

*The Stomach and Intestine.*—A chronic catarrhal condition of the stomach is quite constant, and appears early in the disease. This is indicated by abundant soft gray mucus, projections of the mucus membrane and by the slaty color that occurs, especially near the pylorus. Owing to the disturbance of circulation which takes place later in other organs the return of the blood from the stomach is interfered with so that a varicose condition of some of the veins is produced. The hypertrophy is very apt to be accompanied by dilation of the glands, due to compression at their outlet, so that small cysts which are filled with a clear fluid and project from the surface result. The continued irritation of the diseased mucous membrane is productive of a variety of ulcerations, from the small hemorrhagic erosion, characterized by a superficial loss of substance, to the so-called round or perforating ulcer.

*The Liver.*—The liver is the first and most severely affected by the abuse of alcohol of any organ in the body. The alcohol being taken up by the portal system is carried directly to this organ, and there, by its irritating effect, produces various disorders according to the individual's condition, and more especially the character of the alcohol. The more concentrated the alcohol the sooner and the more severely is the liver affected. Among the causes of fatty liver the abuse of alcohol is one of the most prominent. It is probable the alcohol acts by retarding the met-

amorphosis of tissue, and the blood being overcharged with fat deposits it in this organ.

*Interstitial Hepatitis—Cirrhosis of the Liver.*—The most common cause of this form of interstitial hepatitis, which extends uniformly over the whole organ, is usually considered to be the intemperate use of alcohol—still this is not necessary; most drunkards do not have a cirrhotic, but a fatty liver, and many persons with cirrhosis are not in the habit of dram-drinking.

*Organs of Respiration.*—Drunkards are very subject to catarrh of the larynx, which is often accompanied by a similar condition of the pharynx. This catarrhal inflammation of the larynx not unfrequently extends into the bronchi. A very important question is, whether the habitual use of alcohol predisposes to disease of the lungs.

*The Heart.*—In habitual drunkards the heart is almost always found hypertrophied. This hypertrophy may be brought about in many ways. As is well known the effect of alcohol is to increase the frequency and force of the pulse. Whenever a muscle is called upon to do an extra amount of work the effect is to increase the size of that muscle.

*The Vessels.*—The change in the capillaries consists in an increase in their lumen, that of the smaller and larger arteries in the so called atheromatous degeneration. The dilation of the small vessels and passive hyperemia of all the organs has been explained on the ground that the alcohol has a paralyzing effect upon the vaso-motor system; also, that the alcohol, by its irritating effect upon the walls of the vessels, causes a fatty degeneration of the same, and as a consequence a loss of tonicity.

*Affections of the Urinary Organs.*—After each ingestion of alcohol the secretion of urine is increased, and a larger quantity of water is excreted with it. The diseases of the kidneys which most frequently occur in drunkards, and especially in the latter stages of alcoholism, are the parenchymatous and interstitial or granular nephritis. The latter is divided into two stages, that of infiltration or cellular elements, and the other of connective tissue formation. At first the inflammatory process produces an active hyperemia, with an exudation of fluid and white blood corpuscles into the interstitial connective tissue. This in turn is productive of anemia, impaired nutrition of renal epithelium, and granular degeneration of the same.

*The Nervous System.*—The affections of the nervous system in drunkards are both numerous and important. No organ, with exception, perhaps, of the liver, suffers so con-

stantly and from such a variety of lesions as the central nervous system. Many alterations in the functions are recognizable after death by a change in the tissues, but there are various affections, on the other hand, which point to a marked change in the cerebro-spinal system that can not be detected.

*The Brain.*—The calvarium is altered. It is increased in weight by hyperostosis and sclerosis, both the outer and inner table being thickened. The cancellated structure is more dense, owing to a concentric formation of bone about the Haversian canals. Upon the inner surface the channels of the vessels are deeper than normal as well as the depressions for the pacchionian bodies. There is an increase in the amount of blood in the brain owing to the abnormal action of the heart and fatty or atheromatous degeneration of the walls of the small vessels, or diminished nutrition of the same, which paralyzes them so that their lumen becomes increased and hyperemia results.

*Cerebral Apoplexy.*—An effusion of blood into the brain substance frequently occurs in drunkards. All conditions brought about by the intemperate use of alcohol which tend to produce cerebral hyperemia favor, in a marked degree, the occurrence of either large or capillary effusions.

*Serous Apoplexy.*—An acute or chronic serous effusion into the cavity of the skull, into the brain substance, or into the membranes of the brain, and into the cavity of the arachnoid, may result from the abuse of alcohol. In alcoholism the blood is poor in plastic material, and as a consequence the transudation is favored. Either an acute or chronic collection of fluid in the ventricles of the brain is not an infrequent result of drunkenness.

*Pachymeningitis Interna Chronica.*—This inflammation of the inner surface of the dura mater consists at first of a very slight layer of fibrine on the surface of the dura, from which a thin layer of connective tissue is afterward developed, which adheres to the surface of the membrane. A second and third layer of inflammatory exudation is then formed, and so on until there are many layers. The dura matter thus becomes materially thickened. Each one of these layers is vascular, and occasionally one of these vessels ruptures, resulting in a hemorrhage between two of the layers.—*Louisville Med. News.*

#### Rectal Constipation.

Dr. Benj. Lee, of Philadelphia, makes two suggestions (*Med. Bulletin*) for the mechanical relief of this form of constipation. The first consists in applying pressure with the

ends of the fingers, protected if desirable by a soft cloth, against the most prominent point of the probulgent mass, through the rectal wall, outside of the external sphincter, to convert the concavity of the pouch into an inclined plane, over which a comparatively slight expulsive effort will cause the mass to glide, especially if the inner walls of the anus have been anointed with some bland ointment. The point at which pressure usually proves most effective is just to the left of the sphincter posteriorly; but the finger passed rapidly around will readily place itself where it will do the most good. Patients should be taught to use this simple manipulation when they become conscious of the presence of an accumulation of the bowel which they cannot extrude.

The second suggestion relates to the shape of the opening in the water closet seat. The hole of an ordinary seat is circular or oval in shape, and so wide as to admit a considerable portion of the fundament. As the body settles down the fleshy masses of the buttocks are forced together, thus crowding the anus and effectually preventing the opening of the sphincters. The softer and fatter the gluteal regions the greater will be the impediment thus produced, and hence the female will be the more seriously affected. The remedy is to change the shape of the opening, by making its width not to exceed about one-third of the one in ordinary use. The upper edge should be slightly rounded off—not beveled. Seated firmly upon such a support, the *nates* are pushed apart rather than forced together, so that an impulse to evacuate will be noticeably excited, and the evacuation will be comparatively easy, requiring but little action of the diaphragm and abdominal muscles.

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#### The Best Cure for Hip-Joint Disease.

Dr. O. H. Allis, of Philadelphia, makes some practical remarks on this subject in the *Medical Times*:

An eminent surgeon has said that nine-tenths of the cases can be perfectly cured if taken in time. Granting this to be true, it is clinical experience that nine-tenths of the cases are not brought to us in the early stage. He divides every grade of the disease under two heads. In the first, or milder form, the manifestations are not such as to occasion alarm on the part of the patient or friends. There is slight lameness present, and active sports, exercise, and vocation are precluded; finally, after months, the patient seeming to get neither better nor worse, the hip presents every evidence of recovery from hip-joint disease, but with

*fixation of the joint.* In the second, or severer type, he includes all cases coming under observation with unmistakable evidence of high destructive inflammation. The disease requires the most judicious surgical care to arrest it. Slowly but steadily the symptoms subside, health returns, and every evidence of local disturbance disappears, when an examination of the joint shows *fixation*. Fixation he believes to be nature's best cure, and the question he asks is: "*Can cases that have passed through the inflammatory stage of hip disease, in which the disease has been arrested and a cure established through fixation, be further redeemed, and a movable joint established?*" Clinical teaching answers in the affirmative. His own experience is in the negative. He reports three cases in which he attempted to redeem the hip when nature had cured by fixation; two resulted in death, and the third patient escaped, but not until he had been dragged to the verge of the grave by established surgical practice.

In the discussion that followed the reading of this paper, Dr. Barton entirely endorsed the position taken by the writer, and Dr. Willard reported three cases in which violent and destructive inflammation had been awakened in long quiescent joints—in one case by an accident, in another by the surgeon's manipulation. Should the ankylosed position be one unfavorable for locomotion, he would practice osteotomy rather than run the risk of exciting destructive inflammation in a region where the tissues were unhealthy, and where there was really no sound joint structure remaining.—*N. Y. Med. Jour.*

#### Some Points on the Reduction of Hernia.

Seeing that the major operation, or opening of the sac, in a case of hernia is one that may involve great danger, and seeing that the minor operation, in which the sac is not opened, may involve some danger, and seeing that the *taxis* is a safe procedure, especially when it is successful, any expedients that will enable the surgeon to reduce a greater number of hernia, so that fewer operations will be required, will be the means of saving life. In this statement it is implied that cases of hernia are operated on that do not require an operation, and it must be admitted that it is not good practice to operate on a hernia that can be reduced by *taxis*.

The method of *taxis* for reducing a hernia, especially one that is strangulated, that I have adopted and advise, may be described as follows:

1. As far as possible grasp the hernial tumor with one

hand; this can generally be readily done, except when the tumor is very large. The right hand will be best adapted for this purpose.

2. Now take hold of the neck of the hernia sac with the thumb and fingers of the left hand, in close proximity to the ring of constricting tissues, which can generally be readily distinguished.

3. Then make a gentle traction on the hernial tumor by means of the right hand, when two effects will generally appear: (1) The hernia will be drawn out a little and liberated from the ring of constricting tissues; and (2) Some of the fluid contents, and may be some of the solid contents, of the sac, may be felt going through the hernial canal into the abdominal cavity. As the hand pulls on the tumor, it will compress it at the same time, and thus tend to express the contents of the sac. And the contents of the sac will be more apt to be expressed because the hernia is liberated from its constriction.

4. The thumb and fingers of the left hand, as it were, supplement the hernial canal, as they are near the constricting tissues, so that the sac and its contents will be prevented from expanding just outside of the outer end of the hernial canal. In one instance the thumb and fingers will accurately guide the hernial contents into the hernial canal, and in the other instance the hernial contents will swell out around the outer end of the hernial canal. In the latter instance the reduction of the dislocated intestine will be obstructed, and in the former instance its reduction will be greatly facilitated.

5. When the fluid contents of the sac begin to *go back*, then the solid contents of the sac will also begin to *go back*. The left hand of the surgeon must still continue the work it has begun, but the right hand must now, in addition to firmly grasping the hernial tumor, begin to push this tumor toward the external ring, in between the grasp of the thumb and fingers of the left hand, when generally, little by little, and sometimes suddenly, the dislocated intestine will be reduced. Of course, the rules of position and relaxation in regard to the patient should be put in force. When this method of taxis is properly carried out, it will, no doubt, diminish the number of operations for strangulated hernia.

6. In this place I may draw attention to this method of taxis, for the purpose of reducing a hernia when the minor operation is performed, since the constriction may be outside the neck of the sac. Also I may call attention to the fact that I have sometimes expanded and stretched,

or, perhaps, torn more or less, the constricting band of tissues about the neck of the sac, by means of my finger, which has been pushed up under the edge of this band, carrying the tegumentary tissues before it, thus enabling me to reduce a hernia because the canal has been enlarged. At times I have found this a most valuable expedient, and have never known it to do any harm.

In order to illustrate the procedure above described, two cases of formal hernia may be related.

First—Mrs. S, widow, 63 years of age, was seen by me for the first time January 6, 1882. She had a strangulated femoral hernia on the left side, about as large as one's fist. The swelling had been down about a week; the patient had been vomiting for three or four days; the temperature was about 99 deg.; the pulse was about 100; the abdomen was soft and was not tender; the bowels had not moved for a week; there was no special tenderness about the tumor; the patient was anxious and depressed in spirits; two days before I saw this patient a physician visited her, and did not succeed in reducing the hernia; the patient was under the impression that an operation must be performed and that she would die.

I saw this patient about 5 o'clock P. M., January 6, 1882, and put in practice the method of taxis above described, and reduced the hernia in about fifteen minutes; ordered rest, anodynes, and a mild diet, followed in two days by a dose of castor oil. The patient made a rapid and excellent recovery.

Second—Mrs. M., widow, 42 years of age, much addicted to alcoholic drink, was seen first by me January 16, 1882. She had a strangulated femoral hernia on the left side nearly as large as one's fist; it had been down for nearly one week; the patient had been vomiting for two days; her temperature was 98½ deg.; the pulse was about 100; the abdomen was soft and the furrow in the inguinal region was deep, as there was much adipose tissue. Her physician advised an operation, and was of the opinion that she would die without an operation. The patient declined an operation.

I saw the patient about 1.30 P. M. of January 16th, and in about ten minutes reduced the hernia by means of the method of taxis, above described. In the evening the patient's bowels moved three times; rest and a mild diet, completed the cure in a few days.

I need not take up time by reporting other cases of femoral hernia of a similar kind, that I find recorded in my notes, nor need I mention cases of inguinal hernia, that I

have from time reduced by the same method—avoiding operations, and saving life. My proposition is this: Some cases of strangulated hernia that have been operated on could have been successfully treated by the above described method of taxis; of course, taxis must at times fail, even after the minor operation, and I have seen cases where the reduction has been impossible after the major operation.—*Dr. Wright. in Proceedings.*

#### A Study of the Action of Iron.

The author thinks that iron has a toxic action—old authorities to the contrary notwithstanding; but he says that the manifestations of its action are not as marked as, and its study is less interesting than, that of many other drugs, particularly those acting on the nervous system. Experiments were made on frogs, regarding the action of the metal when introduced into the veins. For many reasons, a fresh, clear solution of the tartrate of iron, neutralized with caustic potash, was thought to be best, as it caused no inflammation at the point of injection, and did not cause thrombi. A small quantity of this solution would kill a frog in twenty-four or forty-eight hours. It was equally poisonous to pigs and rabbits. There were no signs of thrombosis, even in the lungs.

In order to show that it was the iron and no other constituent of the tartrate of iron that killed, a solution of the tartrate of soda was made. Injecting this in very much larger quantities than the previous solution, caused no unpleasant symptoms. The animals seemed well shortly after receiving the iron, and the appetite remained good till a few hours before death, when a disposition to keep quiet and an apparent weakness, accompanied by frequent liquid stools, was observed. In a few cases there were three or four short convulsions, accompanied by opisthotonos, lasting about ten minutes and suggesting death from asphyxia. The muscles and nerves responded to electric stimulus, both immediately before and after death. *Post-mortem* examination showed the small intestines pale and strongly contracted; the mesenteric blood-vessels were dilated; liver and kidneys very much congested. The blood in both the arteries and veins was of a dirty claret, venous color. Arterial blood also showed the same peculiar color during life, which changed to nearly normal arterial color after being exposed to the air.

The symptoms in cats, beginning from one to three days after the injection, were loss of appetite, vomiting im-

mediately after eating, as a rule, diarrhoea, and loss of weight—about twenty-five per cent. in five days. In some cases the vomiting matters were tinged with fresh blood, and sometimes there were a number of dark bloody, liquid discharges from the bowels. The vomiting seemed only to come on to empty the stomach, suggesting that the stomach was intolerant of, and sensitive to, the irritation caused by the presence of any substance—even a liquid.

Is the death in these cases connected with the alimentary canal, where the appearances are so marked? Probably not, as we have in some cases all the symptoms indicating irritability of the stomach and intestines without a fatal result. Also this seems only to prevent the animal from taking food, and death from starvation will not occur in four or five days. Death probably results in some other way. The peculiar color of the blood suggested an examination of it. Its certain changes were detected under the microscope. The amount of carbonic acid gas was much less than normal. From this, we infer that the iron in some way hinders the blood from taking up the products of decomposition from the tissues or that the process of oxidation is incomplete. The collapse and paralysis of the central nervous system may be a consequence of diminished oxidation. This view is strengthened by the fact that the amount of carbonic acid in the blood was less and less the nearer the time of death. The action of iron is similar to that of arsenic and platinum. Hence we say, iron has poisonous qualities without doubt; the symptoms of its action are referable chiefly to the alimentary canal, and, in fatal doses, it diminishes the amount of carbonic acid gas in the blood; the action of iron probably resembles that of arsenic and platinum, and we are justified in believing that the action of iron on man, in excessive doses, would be similar to that observed on animals.

As regards the tonic action of iron, two theories have been advanced to explain it: *First*, That its good effects are produced by its action on the red corpuscles. In anæmia, the number of red corpuscles is less than normal, and after using iron they are increased. On the first theory, it is only necessary to supply a little iron in order to increase the number; and as this plays an important part in the economy, once having a large supply, good results follow. Since almost every food contains iron, it would seem that any deficit of iron can never be very great [provided, of course, the appetite for food remains good.] It is not by a few doses of iron that its good results are obtained, but only after continuous use.

For the second theory, that iron promotes digestion, when we consider its action on the stomach and circulation, there is little doubt that iron has an especial action on the digestive organs, and particularly on those portions where absorption takes place, viz.: In the stomach and small intestine. It seems to increase the amount of blood sent to these parts, especially to the villi of the small intestine; and it is probable that it exercises a beneficial influence on the process of assimilation.

Claude Bernard says that the salts of iron have a special action on the mucous membrane of the stomach, and that all parts with which it comes in contact take on a more active circulation. He attributes this, however, merely to its acting as a local irritant. [This view is clearly untenable as regards the medicinal doses, as it is evident that the mucous membrane of the stomach and intestines would soon cease to absorb the food if kept constantly irritated—Ed.] Bartholow says: "Physicians are familiar with the fact that iron improves but little, if at all, the condition of the anæmic where it does not increase the desire for food and the ability to digest it." Arsenic is often used as a substitute for iron with good results; but there is no arsenic in the red corpuscles. [Hence the increase of the red corpuscles seems to be a consequence of better nutrition, as the author and many other authorities seem to think, as in this case, not only iron, but all other constituents of the corpuscles are furnished.—Ed.] It may fairly be said, that in prescribing iron, about half a dozen of the scores of preparations may be chosen, such as the tincture of the chloride, reduced iron, tartrate of iron and potash, etc., which will answer any indication, Trousseau and Pidoux think that there are many deaths in practice attributable to the excessive administration of iron, and they insist that it is especially dangerous in the early stages of phthisis, as tending to promote hæmoptysis. It seems, then, that iron is no exception to the general rule holding good for heavy metals, and it should not be given as a medicine incapable of abuse. [The rule laid down by Bartholow seems to strike the root of the matter, viz.: That iron is beneficial only when it increases the desire for food and the ability to digest it. Hence, if it fails in these two things, it should not be given. Sometimes iron alone will fail, when, if combined with arsenic or arsenic and strychnia, it will fulfill both indications.—Ed.]—*Va. Med. Monthly.*

#### The Headaches of Adolescents.

Surgeons have long noted the relationship subsisting between the period of growth and that of adolescence, and

certain affections of the skeleton, such as deformities of deviation, exostoses, etc. Physicians have been equally cognizant of a like influence exerted during that period of life on the progress of acute diseases and the development of nervous affections. Under the latter category there exists one affection of a special nature, which has hardly yet received the attention which its merits. We refer specially to the cephalagia or obstinate headaches which affects youths between the ages of eleven and sixteen, and which, by their intensity and the obstinacy sometimes acquired, cause them to be considered as a special entity. Professor Charcot, of Paris, has directed special attention to this subject, and Mons. Keller purposes prosecuting the study of these cases in a forthcoming number of the *Archives of Neurologie*. In the meantime we shall glance at the salient features presented by this affection. A youth, possibly from eleven to twelve years of age, hitherto in excellent health, intelligent and acquiring knowledge with facility, is suddenly seized with severe headache. Frequently they are at first light and transient, and do not interfere with study; soon they become more frequent, more obdurate, and ultimately compel a cessation of intellectual application. There is now established a chronic malady, painful for the sufferer, and serious in its consequences, inasmuch as it interposes a barrier to all scholastic application. The character of the headache is frontal. It never affects the posterior or lateral regions of the head. It is furthermore painful in the real acceptance of the term, a fact by which it is distinguished from other nervopathies, such as the cerebral paresis of adults or the ordinary neurosthenia, in which the sensations are vague and localized in the occipital and parietal regions. The pain is aggravated by mental application. When the malady is very pronounced the least study reacts painfully on the affected part. Sleep is enjoyed; the pain is usually absent or feeble on awakening, but occurs during the morning, especially if mental occupation is indulged in, and acquires its maximum intensity toward evening. The affection is distinguished from ordinary neuralgia in that there is no hyperæsthesia along the nervous tracts, and from the ordinary migraine in not being anilateral nor propagated through the optic nerves, nor accompanied with sympathetic derangements of the stomach. The absence of febrile disturbances, the complete integrity of the intelligence, and the cure, which appears to be the rule, exclude the idea of any organic affection of the head.

With respect to the etiology of the disease, in some cases the rheumatic diathesis may be encountered, while in

others this is totally absent, both in the patient and the family history; nor is an hereditary predisposition to nervous affections always to be traced. We are thus compelled to seek an explanation in the period of life through which the patients are passing. Thus, under the influence of some modification of general nutrition in connection with growth, the brain, owing to some given idiosyncrasy, may become weakened and painfully irritated. The situation of the pain corresponds with the portion of the brain especially active, as the seat of reflection and intelligence, during the period of adolescence. Be that as it may, it is quite certain that, should this peculiar pain exist independently of intellectual application, it is invariably aggravated by it and it becomes the chief agent of the disease, and maintains and prolongs it. If the affection were due exclusively to a condition of growth, it should disappear with the progress of age. This does happen, doubtless, occasionally; yet in other cases the affection is so persistent that educational pursuits have to be totally abandoned for an indefinite period, as late in life even as the age of twenty-five. In these days of cramming this species of headache possesses interest to parents and guardians of children; and Mons. Keller assures us that no form of treatment has been so successful in his hands as the methodical application of hydropathy.—*Medical Press*.

#### **Cholera and Filth in Calcutta.**

An interesting article in the *Indian Med. Gazette* (September), on the relation between cholera and filth, as observed in Calcutta, in which this is shown by tabular statements, terminates in the following words: "The close association of cholera and filth in Calcutta was very vividly demonstrated by Dr. Payne in the able and instructive reports which he prepared during his tenure of office as Health Officer of Calcutta. As a result of special inquiry he was able to affirm that a large majority of cholera seizures in Calcutta occurred in the vicinity of foul tanks and wells, where water afforded an easy medium or nidus of conveyance or development of the cholera poison. Evidence of the same sort has been forthcoming in later years, and a very remarkable instance of the outbreak of cholera in consequence of the fouling of air and water was recorded. The lesson which these facts convey is, that, whatever the specific cause of cholera may be, the dependence of the disease on filth elevates the practice of general sanitation into the position of a special prophylactic of this dire and deadly disease.—*Med. Times and Gazette*.

# THE PEORIA MEDICAL MONTHLY.

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*Editor and Publisher.*

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\*\*\*To subscribers! A pencil mark at this place indicates that the time of your subscription has expired, and that a prompt renewal is urgently requested.

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## Editorial Department.

### Notes and Comments.

Dr. J. Forsyth Meigs, of Philadelphia, died from pneumonia in December.

The *Louisville Medical News* is enlarged to sixteen pages weekly, and has a new outside dress.

The North Central Medical Society, of which he was a member, passed suitable resolutions on his demise.

Dr. Forbes, Demonstrator of Anatomy in Jefferson Medical College, was held to bail on eight indictments for grave robbing.

The *Maryland Medical Journal* has a newly appointed editorial staff of fifteen members. Dr. Ashley remains at the head.

The *Missouri Valley Medical Monthly* has been changed to the *St. Joseph Medical Herald*, and the price reduced to \$1.00 a year.

Sir Thomas Watson, author of "The Principles and Practice of Medicine," died during December, at the advanced age of 91 years.

By a grievous oversight, on our part, a paper by Dr. C. H. Carter, of Chicago, has been omitted from the present number of the MONTHLY. It will appear in the February number, and will be found interesting reading.

Dr. Nance, of Kewanee, reports an interesting case, where a soft rubber catheter escaped into the bladder. It will appear in our February number.

Among the various New Year's presents received by Dr. W. E. Guthrie was a fat girl, from his wife. Dr. G. has our sympathies in his future experience at nursing.

Widow woman (to chemist, who was weighing a grain of calomel in dispensing a prescription to her sick child): "Man, ye need na be sae scrimy wi't—'tis for a puir fatherless bairn!"

If you do not get the charts immediately after sending us your subscription, do not get mad at us, for they will be sent to you as soon as possible. It is hard to keep up with the demand.

Dr. Albert Reynolds, of El Paso, died at his home Dec. 1, 1882. Dr. R. was one of the oldest practitioners in Woodford County, and his death is mourned by a large circle of friends.

The *New York Medical Journal* appears as a weekly. Under the able editorial management of Dr. Foster it has attained a high rank among the high priced eastern journals, and deserves it.

This is a good time to write for your journals. Long winter evenings cannot better be spent than in contributing your share to the general fund of information. Send your manuscript to us, please!

The *Virginia Med. Monthly* is getting credit for an article written for the PEORIA MEDICAL MONTHLY, by Dr. W. A. Byrd, on the stomach tube in some of the convulsions of childhood. Play fair, Brother Edwards.

Dr. Squibb in his *Ephemeris* says, "St. Jacobs Oil" appears to be a feeble and badly made aconite liniment, and it consists mainly of water, alcohol, turpentine and a small proportion of aconite with red coloring matter."

The Women's Medical College, of Chicago, is in a most prosperous condition. With nearly 100 students in attendance this year the building is found to be too small, and will probably be enlarged to meet the increase in classes.

It is not too late to wish each of our readers a "Happy New Year." Neither is it too late to ask each one who is not a subscriber to become one. Our subscription list is growing faster than ever before, which shows our efforts to please are appreciated.

Dr. Rauch, Secretary of the Illinois State Board of Health, has unearthed a barber, who, by assuming a dead doctor's name and diploma, obtained a certificate to practice. His name is Lambrecht, and the assumed name is Dr. Henry A. Lueders. Pass him around.

The following are the officers elect of the North Central Medical Society (Ill.) for the ensuing year: President, Dr. J. M. Cowan; Vice President, Dr. G. Newkirk; Secretary and Treasurer, Dr. F. Cole. The next meeting will be held at Wenona, Ill., the first Tuesday in December, 1883.

Subscribers who have not sent in their renewals will find a renewal blank and envelope in this number, for their immediate use. Some owe for two years' subscription. Will you attend to this matter at once, as we wish to have our books square for the coming year? Do not neglect this.

The *Michigan Medical News* and the *Detroit Clinic* have been united under the name of the *Medical Age*, which will appear bi-monthly. We are glad to note that Dr. Mulheron has been retained as editor-in-chief. His sprightly pen would be greatly missed in medical journalism should he retire; his associate editors are gentlemen of experience in the business and we predict success for the *Age*.

On the twenty-first anniversary of his arrival amongst them, the people of Fairview, Ill., gave Dr. S. B. Bennett a good old fashioned surprise party. This is as it ought to be. When a man has spent twenty-one years of his life, laboring for the welfare of a community, it is very pleasant to have such evidence that his work has been appreciated. We would be pleased to hear of many more such surprises in other places, as it would show that the doctor is recognized as a social factor, and not considered, as is too often the case, a mere necessity. Dr. Bennett has our hearty congratulation, and we hope his life may long be spared to care for the health of the good people of Fairview.

Dr. Hollman [Nedrel Weekbl., 18, p. 272] reports the case of an old man aged 80, suffering from retention of urine, in whom the introduction of a catheter failed to produce the desired result. It was found that the bladder contained coagulated albuminoid masses mixed with blood. A few hours after the injection of about sixteen grains of Dr. Jansen's pepsine dissolved in water, a large amount of dark, viscid fetid fluid readily escaped by the bladder.—*London Med. Record.*

Somebody connected with the *Medico-Literary Journal*, of San Francisco, is mad, as witness the following from the December number:

If the man that is circulating the report that we have grown discouraged, and have stopped our work in the Women's Medical College, does not grow discouraged himself, and stop telling that falsehood, we would advise him to put an iron pot upon his head, as Brooks in the Senate Chamber advised Sumner to do just before the War of the Rebellion, to protect his skull while Brooks enforced his argument with his cane.

Dr. Squibb is squelched! This is how: Dr. J. V. Shoemaker wrote a paper on oleates in skin diseases, Dr. Squibb criticised it, and now Dr. Shoemaker rejoins that although Dr. Squibb has a greater reputation as a chemist than he can claim, still Dr. Sq. is not a practitioner, while he, Dr. Sh., is, and he, Dr. Sh., "must certainly expect Dr. Sq. to first devote some time to the study and practice of therapeutics before he can consider *ephemeral* therapeutic eruptions as worthy of credence by the medical profession." Good bye, Dr. Squibb! By the way, who is Dr. Shoemaker?

Dr. H. L. Tanney relates a very interesting case in the *Nashville Jour. of Med. and Surg.* The doctor was summoned hastily one night to a lady who had been under the treatment of a homœopath for a retroverted uterus. He found the patient suffering intense pain, and upon examination discovered a large-sized Hodge pessary skillfully lodged in the rectum. This reminds us of a case, related by Dr. Byford, where a Hodge pessary was introduced in the bladder by a rather nervous gentleman in his first case of gynecology.

Boracic acid is found difficult to reduce to a fine powder. The *Druggists' Circular* recommends the following method as being satisfactory: Warm a Wedgewood mortar by pouring into it a little alcohol and setting fire to it, then put into the warm mortar the acid with a few drops of glycerin, when it will be easily reduced to a fine powder.

In the American Homœopathic Pharmacopeia, for the year 1882, published by Boericke & Tafel, New York, the following names are found indicating the diseases from which the pus or poison is taken to manufacture the homœopathic medicines; Psorin, anthracin, glanderin, gonorrhin, leucorrhin, sypilenum, buboinum.—*Pacific Med. and Surg. Jour.*

#### Receipts for December.

To save the time and expense requisite for sending a formal receipt to subscribers, we have for some months past adopted the plan of printing in this place the names of those from whom money has been received during the preceding month. Those remitting will please note whether their names are included in the lists, and if they are not will notify us by card:

ILLINOIS—Drs. H. M. Sabin, E. R. Lovesee, Norris & Gebhart, J. C. Smiley, T. J. Rich, E. Bolls, Sam'l Lance, P. McElvain, B. F. Johnson, W. A. Thompson, J. H. Thompson, H. J. Rice, J. Lee, H. Judd, J. P. McClanahan, A. H. Kinnear, V. F. Potter, H. A. Raney, Warren Hunter (2 years), A. M. Lee, J. H. Maxwell, A. E. Gibbs, F. Potts, C. B. Maclay, C. Truesdale, S. M. Barnes, D. D. Grier (2 years), C. C. Sprague, E. O. F. Roler, M. A. McClelland, N. F. Felker, A. M. Bird, W. D. Nelson, J. F. McAnally, W. S. Higgins, John Alsop, F. C. Gay, A. A. Wolfe, J. L. Hoover, R. J. Curtiss, J. H. Rauch, John Wright, J. M. Ausley, J. O. Everett, W. L. Kreider, E. Schwartz, Z. H. Going, J. H. McGhee, I. H. Reeder, P. C. Clayberg, W. D. Karns, J. I. Skelly, W. Zindel, W. H. Weirich, G. W. Remage, J. Wills, F. P. Anthony, H. Reader, Green Hill, A. F. Hand, A. D'Arcourt, M. C. Keith, P. T. Leeds, Wm. A. James.

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ALABAMA—Drs. G. S. Macon, P. M. Bruner.

ARKANSAS—Drs. L. C. White, P. S. Woodward.

FLORIDA—Dr. S. N. Bixby.

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## Original Communications.

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ART. I.—Chronic Gastric Ulcer. BY ROBERT ROSKOTEN, M. D., Peoria. Read before the Dickinson Club.

If we exclude the ulcerations in the various forms of carcinoma, or those resulting from lesions by chemical or mechanical injuries, we still find a variety of others, of which the so-called simple or round ulcer of the stomach is the most important. The many synonyms by which it is known are intended to denote respectively the form, character, cause, course and issue of the same. Hence it is called the round, the corrosive, the digestive, the perforating and the chronic ulcer, although the latter term is entitled only to a limited application.

The continued action of the gastric juice (often changed in its chemical composition) upon the tissues of the stomach during the agony of death and after its occurrence is so potent, that it is very difficult to decide which of the anatomical changes were present during life and which only took place after death. It is in part for this reason, that we scarcely ever find an opportunity to study the round gastric ulcer from its beginning.

The main feature of the ulcer is that it is not attended with inflammation of the rest of the stomach. Its form is round or oval unless several ulcers become confluent when the edges present a more ragged appearance. Sometimes there is but one single ulcer with hard reversed edges, not

inclined to perforate, or one or more funnel-shaped ulcers, often in groups of three or four, with a strong tendency to perforate. The bottom of the ulcer is of a greyish color, the tumefied edges are rose-red or livid and always strongly injected. Their favorite seat is in the pyloric region near the minor curvature, most frequently in the posterior wall of the stomach, while the less dangerous follicular ulcers may occur at any place of the stomach, in the fundus as well as the pyloric region.

According to their stage or duration we notice ulcers involving only the mucous membrane, usually with sharp edges, others already farther advanced with destruction of the vascular and muscular coat and in extreme cases with perforation of the peritoneum. The size of these ulcers varies from that of a pea (and even smaller, especially so when there are several of them grouped together), to that of a silver quarter. In its progress it becomes funnel-shaped in such a manner that the diameter of the ulcer diminishes with the depth to which it extends.

If the peritoneum is perforated the contents of the stomach will enter the abdominal cavity unless adhesions with other organs are timely established, when the tissues of the latter will fill up the hole and gradually assume a character similar to that of the destroyed mucous membrane. In other cases the ulceration extends into these pathologically attached parts, for instance into the liver. An opening communicating with the transverse colon, causing vomiting of feculent matter has been repeatedly observed. By the erosion of the capillaries, hemorrhage of the stomach is of frequent occurrence. The extravasated blood causes emesis or it is removed by way of the bowels. When an artery or vein of a large caliber is eroded, then the stomach may be filled with blood so rapidly that death often ensues without previous vomiting.

Cicatrices of ulcers of a stellate form are often observed ; when large they may cause strictures and other deformities, of the stomach. Being unable to follow the peristaltic motion of the latter during digestion they are torn and liable to break open, thus causing the frequent relapses of the ulcer.

There exists a gastric ulcer which materially differs from the funnel-shaped form. We hardly ever see it in its first stage and only notice it after it has run its course and formed a round aperture with sharp edges, looking as if punched by an instrument, uniformly penetrating all membranes to the same extent. This ulcer has also been noticed in the lower region of the œsophagus and in the upper or horizontal part of the duodenum mostly close to the pylorus.

The causes of these gastric ulcers are still veiled in some mystery. Among the many theories the following are the most plausible :

1. Embolism and thrombosis of branches of vessels supplying the stomach.

2. Extravasation of blood into the tissues of a limited space of the mucous and submucous tunic.

3. The action of an hyperacid gastric juice upon the tissues, causing self-digestion.

4. Want of proper vitality.

Though it is true that experiments on animals have demonstrated that ulcers of the stomach may be produced by artificial embolism, yet emboli are not often found in the gastric arteries, and if so it remains still undecided whether the emboli or thrombi found in the arteries and corresponding veins are not rather the consequence than the cause of the ulcer.

The theory that self-digestion is prevented during life by the constant flow of alkaline blood in the capillary network of the gastric mucous membrane is very plausible and supported by many authorities. The ulcer, therefore, requires an antecedent stasis for its production. The frequency of these ulcers in chlorosis and anæmia seems to corroborate this theory since the impoverished blood impairs the healthy state of the blood-vessels and the circulation as a consequence. The causes just enumerated coupled with excessive acidity of the gastric juice may perhaps account for the fact that enfeebled females are oftener affected with gastric ulcers than males. The gastric juice exercises the same dissolving effect upon parts of lost or diminished vitality as upon other digestible matter.

The origin of the funnel-shaped ulcer is explained by an hemorrhagic infiltration into a circumscribed area of the layers of the gastric walls. The entering branches of the arteries run parallel with each other in the deeper tissues, but in the mucous membrane they spread out, forming a dense net-work presenting a layer zone and very naturally the diameter of the infarct would be larger in the mucous tunic than in the deeper tissues. Another element is that by the contraction of the muscular fibres, in consequence of the irritation, a smaller surface and a greater resistance is offered.

The round ulcer with sharp edges, forming an aperture equally large through all the tunics, is also known by the name "Spontaneous circumscribed perforation of the stomach." Its course is hyperacute. Persons who died of this perforation were often perfectly healthy up to the moment when it occurred. The balance of the gastric membranes were found in a perfectly healthy state, but in some instances impressions were seen close to the round opening similar to those made by the finger in some œdematous part. They are caused by the destruction of the mucous and submucous membrane and would eventually have resulted in other perforations. The nature of the spontaneous circumscribed perforation, alias ulcer, consists in a rapid destruction of the whole gastric parieties in single points, caused by an affection of the dorsal part of the spinal cord, which may have existed for some time, or which has suddenly developed; this spinal affection may also simultaneously with the perforation result in softening without a premonitory symptom. Such patients feel sometimes a vivid sting in their back and give a start as suddenly as if struck by lightning. Romberg called this the eccentric action in the organic sphere. Some fibres of the sympathetic nerve enter the spinal chord and the brain, others pass along the blood-vessels; every lesion of the sympathetic nerve may, therefore, manifest itself in its distribution. The possibility of this origin or the disease is based upon the intimate connection of the cerebro-spinal system with the sympathetic nerve. A disturbance in the centres can manifest itself in

three directions, namely: towards the motoric sphere shown as convulsions, towards the sensitive sphere as indicated by neuralgia. and towards the trophic sphere as decay. The eccentric changes in their extent and intensity are generally proportionate to the fundamental lesion. A slight irritation of the spinal chord by concussion easily causes diarrhœa. In cholera the abdominal organs will readily respond to the severe affection of the spine, but in other cases the lesion in the centre is only slightly marked while the perforation of the stomach has already taken place and vice versa. The relation between the dorsal part of the medulla and the stomach and small intestines is very intimate. If the lesion of the spine is so severe as to result in softening, the stomach will rapidly show the same process.

The exciting causes of the chronic ulcers are unknown. The use of irritating or indigestible food, the abuse of alcoholic drinks, of very hot or cold meals have formerly been considered as causes, but this assertion could not be sustained by practical observation.

*Symptoms.*—There is a permanent burning and gnawing pain, shooting backwards, which becomes more intense after every meal and continues for hours until the chyme has passed the pylorus, or, what is more common, until emesis supervenes and a very acid chyme, often mixed with bloody mucus is vomited. The epigastric region is very tender to pressure. the pain mostly limited to a small spot. Vomiting occurs very frequently, and mostly after a meal. The bowels in a great majority of cases are constipated. Anæmic young girls are more subject to the perforating ulcer.

The ailment may be mistaken for cancer, but the history of the case, the characteristic aspect of the patient and many other points, which space will not permit me to name, make a differential diagnosis not difficult. The symptoms of chronic gastritis and of chronic ulcer are similar, but in chronic gastritis we find no hemorrhages and the pain is considerably less. In gastralgia the pain is not increased during digestion and the pain in the epigastrium is

wanting. Hæmatemesis may also accompany morbid processes in other organs, f. i. congestion in the portal system generally, but the consideration of the changes in these parts will enable us to determine the cause of the hæmatemesis.

*Prognosis.*—Although the existence of the chronic gastric ulcer always seriously imperils the life of a patient, still under a judicious treatment and diet many cases have recovered. As a rule the frequent hemorrhages and the want of nutrition, if not relieved, will eventually undermine the vital energies. Perforation proves fatal unless adhesions were previously formed. Strictures of the stomach formed by cicatrices are a source of pain and often give rise to a relapse of the ulcer.

*Treatment.*—Perfect rest, physically and mentally. Care in the selection of food is of supreme importance; it must be light but nutritious and always administered in a liquid form in small rations; half a tablespoon to a tablespoonful at short intervals. If the stomach rejects everything we have to resort to rectal alimentation. It is very important that the strength of the system be sustained, since we know what a deleterious influence a bad state of health exercises upon wounds and ulcers in other parts. The gastralgic trouble can be best allayed by morphine. Belladonna, hyoscyamus and bismuth are not so effective. It is not always advisable to arrest the emesis, by which the surplus of morbid gastric juice is ejected, but if it becomes too violent, small pieces of ice and hydrocyanic acid may be used. In extreme cases the medicines indicated are to be introduced by the rectum. Hemorrhages of the stomach are to be arrested by the use of ice internally and by its application to the epigastrium. Sugar of lead, or alum are often successful. Ergot will not be tolerated by the stomach and must be added to an enema.

The patients have to observe a strict diet for a long time to prevent relapses. The consecutive anæmia is to be treated according to general rules, though preparations of iron are dangerous in this ailment and, therefore, should be used with great caution.

ART. II.—The Screw Fly and Its Ravages. BY JOSHUA RICHARDSON, M. D.,  
Moravia, Iowa.

This is the common name of the *Sarcophaga Georgine*, (so far as I have been able to determine), a carrion or blow fly that infests the southwestern portion of the United States, Mexico, and also Central and South America, wherever the climate approaches the tropical in character. It is wholly unknown in more northern regions, unless for a brief period in midsummer, when it may reach so far north as Nebraska and east to the Missouri and Mississippi rivers. While the common blow fly deposits its eggs, with rare exceptions, in dead or ulcerated animal matter, the screw fly, to which it is closely related, seems especially attracted by effluvia; as the foul odors from ulcers, etc. Flying to the affected part, it deposits eggs, which in a few hours, or days at most, hatch out into the larvæ or grubs. These at once begin their work, not only destroying the diseased parts, but the healthy neighboring textures as well. Their number is so great, that once located in a cavity as the nose (their most dangerous seat) they rapidly destroy everything in their way except bone. Hence the danger to persons afflicted with offensive catarrhs living in regions infested by them.

The fly will deposit from 200 to 300 eggs, and the larvæ when hatched being most voracious and incessant eaters will attain their full size in a few days, measuring three-fourths of an inch in length and from  $1\frac{1}{2}$  to 2 lines in diameter. Their color is white until the chrysalis state begins when they change to a brown and drop away to fall into the earth, where they lie until matured into a fly.

Death may be caused by destruction of the part attacked and the irritation resulting from it—traumatic erysipelas—animal poison conveyed from the object last fed upon—from the larvæ working their way interior cavities, causing the formation of abscesses, or a combination of two or more of the causes just mentioned.

It being a fly peculiar to warm and tropical climates alone, attacks from it are unknown in northern regions. But few physicians or surgeons as a consequence in these localities are at all familiar with its treatment or history;

hence the following may be of interest to others practicing in the north as it certainly was to me.

While traveling in Kansas the latter part of last August a citizen of this place had the misfortune to receive while asleep a deposit of eggs from this fly. He had been troubled for years with ozæna, hence the attraction to the fly. He returned home a few days after the accident and shortly after began complaining of a bad cold.

Growing rapidly worse I was called to attend him. Monday, my first day, his appearance was that of a man laboring under a severe cold. Had slight congestion of the lungs and moderate grade of fever. His nose seemed greatly swollen and he complained of a smarting uneasy feeling in it, and general misery through the head. Gave him treatment to relieve the congestion and fever and left with the promise of calling the next day, as I did not feel altogether easy over the symptoms presented. Tuesday saw him again. His nose and face were still more swollen and in addition to the other symptoms he was becoming slightly delirious and complained a great deal of the intense misery and annoyance in his nose and head. A few hours after was sent for in haste with the word that something was in his nose. I found on examination a mass of the larvæ of this fly (or "screw worms" as they are commonly called in the South) completely blocking up one nostril. On touching them they would instantly retreat en masse up the nostril. Extracted a few but soon found that to get them away rapidly something better than forceps must be employed. Taking a few to my office I began experimenting until I found that chloroform would as soon as injected on them kill them instantly. Making a 20 per cent. solution of it in sweet milk I made a few injections up both nostrils, which immediately brought away a large number, so that in a few hours I had taken away some 125 of them. Realizing the danger to him from erysipelas setting in, as indeed some premonitory symptoms of it had already appeared in and about the nose and face, I put him at once on tr. per chlor. iron and quinine, as also a solution of sulph. iron in glycerine as a topical application. By

Wednesday evening erysipelas had begun, implicating the nose and neighboring portions of the face.

Tuesday morning at my request another physician was sent for.

Dr. Sawyers, jr., of Unionville, came in response in the afternoon.

By continued syringing with a strong antiseptic solution of the salicyl-soda, bicarb-soda, and carbolic acid we hoped to drown them out. But they had by this time cut their way into so many recesses of the nose and were so firmly attached that we were unable to accomplish much.

Finally we resorted to the chloroform injections which immediately brought away a considerable number.

Friday I was able to open up two or three canals that they had cut, extracting several more that had literally packed themselves one after the other in these fistulous channels.

His speech which had been getting very much obstructed since the day before, becoming suddenly much worse, I examined the interior of his mouth and found that a clear cut opening had been made entirely through the soft palate into his mouth, and large enough to insert the end of a common lead pencil. Saturday the few remaining began changing color and one by one dropped away. On Sunday for the first time hæmorrhage from both nostrils took place, which continued at intervals for three days, but was not at any time very severe. On this day (Sunday) his condition began to improve, the delirium and erysipelas having subsided, leaving but little or no annoyance in his head.

Our hopes for his recovery, however, were doomed to disappointment.

In a few days he became able to go about home and even to walk a distance of half a mile to visit a friend and return. But while there he began complaining of a pain in the neighborhood of his left ear, apparently where the eustachian tube connects with the middle ear.

It proved to be an abscess ; but situated where it was I did not deem it prudent to push a lance, as I would have

been compelled to do, directly in the course of the eustachian tube, jugular vein and carotid artery.

Being already so reduced by the first attack he was unable to withstand the second, and died after an illness of near three weeks, completely exhausted by his prolonged sufferings. Three days before his death the abscess discharged its contents by the left nostril. The quantity of pus formed was about  $2\frac{1}{2}$  ounces.

In all about 250 larvæ were gotten away from him during the first attack, and as the visible results, not only had they cut the hole through the soft palate as referred to, but had also eaten the cartilage of the septum of the nose so nearly through as to give him the appearance of having a broken nose. The case occupied from the first invasion of the fly until its final result near two months.

He doubtless would have recovered but for the formation of the abscess, which, from all the symptoms, presented was caused by one or more of the larvæ having found their way up the left eustachian tube. Throughout the second attack the misery was exclusively confined to the one locality, the space just under and behind the left condyle of the lower jaw, and radiating from thence to the ear and side of face. No *postmortem* was allowed.

The Rev. William Dixon, of Green, Clay Co., Kansas, gives in substance the following account of himself :

While riding in his buggy a few years ago in Texas, a screw fly attacked him, flying up one nostril. He blew it out when it then dashed up the other and deposited its eggs before he was able to expel it. Not realizing the danger he did nothing for about three days, when the pain became so great that he hastened to Austin to consult a physician. His soft palate was almost destroyed before the larvæ, over 200 in number, were expelled.

I have heard of ten other cases, all of whom died ; so that out of twelve cases but one recovered.

Not knowing the treatment pursued where it is known, will give that which I should employ in a similar case. As soon as discovered, especially if it be the nose attacked, no time should be lost ; as the eggs hatch in a few hours and the larvæ eat constantly until matured ; so that in a few

days the work of destruction is complete, if not removed. Frequent injections up both nostrils, with a 15 or 20 per cent. solution of chloroform in sweet milk should be made, the patient, while the injections are in progress, opening wide his mouth, and leaning well forward, so as to prevent the injection being swallowed. Even stronger percentages of the chloroform may be used, as its admixture with the milk causes but little irritation. A pair of slightly curved forceps, and (if nothing better) a common hand mirror, for reflecting the light up the nostrils are to be employed, for extracting the weakened larvæ after the chloroform has been injected on them. The patient should also be put upon treatment for erysipelas, even though it has not appeared, as by so doing it may be prevented or at least abridged.

As soon as they begin to take on a brown appearance, which occurs as soon as they have attained their full size, they drop away and seek the earth to go through the chrysalis stage before developing as flies. Hence active treatment may cease at this time, as they eat no longer after attaining this stage of their development. Attempting their removal by the forceps alone involves too much time for the safety of the patient; in fact in the nose it would be impossible with the forceps to reach them all. Long continued syringing will, I think, do more harm than good unless it contains something fatal to the larvæ.

In my case a strong antiseptic solution was used, but which was powerless to weaken them to any great extent. We applied it almost incessantly, for at least  $2\frac{1}{2}$  hours, with the only effect of bringing away a few.

Just before making the chloroform injections (or any other that tends to quickly kill them) it would be advisable to give the nose a good syringing with an antiseptic, in order to cleanse it as much of the stercus as possible. If hemorrhage should take place at any time, as there is constant danger from them tapping an artery or vein make plugging the noses the last resort; for by so doing we would cut ourselves off from our work. As regards the treatment when in other cavities, the physician must be guided by the location of the part attacked.

ART III.—Look Out for Your Soft Catheters. BY HIRAM NANCE, M. D., Ke-wanee, Ill.

On the 8th of January I was telegraphed to from Cambridge, the county seat of Henry county, distance twenty miles, to visit an old acquaintance of mine, R. D. K—, Esq. In the telegram it was stated, "Come, I am afflicted with kidney and bladder disease." I immediately prepared to go, not forgetting to slip in my pocket a medium sized Jaques catheter. I arrived at the house about 4 p. m. and as soon as possible proceeded to examine my patient and found he had been under the care of one of our little pill fraternity for eight or ten days, or perhaps a longer period. Mr. K. was aged about 64, the period so common for prostatitis to make its appearance, but it seems that *homœopathy* had not suspected any mechanical cause for the retention of the urine, which had partially existed since his attack. The patient was suffering terribly, and was taking both homœopathic medicine and morphine in one-eighth grain doses to relieve him. Finding him in a very free state of perspiration, partially stupid, and a strong urinous smell on raising the bed clothes, and on examining the pubic region it was fully distended, and a continuous stili-cidium of urine, I determined at once to introduce a soft catheter, and on doing so, without any pain, I drew off nearly three pints of dark colored urine. Had this urine been permitted to remain only two or three days longer you all know that he would have died with poison produced from the affects of the absorption of urine, or more properly uremia.

I suspected the cause of the retention before the introduction of the catheter, and called the nurse to the bedside to show him how to manipulate the instrument, for I presumed on a continuance of the operation for a long time. After prescribing and indulging in a splendid supper, on the next to the coldest night of the season, I bade good by, feeling happy over the great relief I had been able to give my patient, and feeling confident that the nurse would be able to relieve him with the soft catheter three or four times a day. Imagine my surprise in just twenty-four hours (9 o'clock p. m.) I received a telegram from the Rev.

George K—, his son, stating: "Come immediately. Catheter slipped in the bladder." I was horror stricken. I was twenty miles away from patient; Saturday night; no telegraph or trains at the hour, nor would be until Monday; no alternative but to go; mercury near zero; snowing from the west like the deuce, and pouring in our faces. I called in Dr. Nichols, of this place, and solicited his company and advice. We started in the blizzard and arrived at the house at 1.30 A. M. Sunday. On examination we found the catheter entirely out of sight. They had called in a physician who refused to do anything, saying it would probably require an operation, and as the case was not his he went home.

Visions of lithotomy and lithotripsy flitted hurriedly across my mind; also, the careful introduction of a fine pair of forceps, a hooked wire, stream of water introduced through urethra by syringe, hoping a counter current might expel the intruder. But none of these were tried. We, by feeling the urethra, could detect the end about four or five inches down from the glands penis, and by grasping the urethra and holding it and the catheter and pushing down on the glands we succeeded in moving it forward by jets, as it were, until we could reach it with a pair of nasal forceps. I must say I was rejoiced over our triumph, and many congratulatory remarks were made by the friends over our success.

Never before has such an accident occurred in my practice; nor have I ever read of it occurring to others, and I write this to caution others in the use of this invaluable instrument.

MORAL.—When leaving a Jaques catheter with uneducated nurses, always attach a small cord or string to the end, then the instrument can't escape.

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ART. IV.—"Preserves": A Recipe—With a Preface. BY CHAS. H. CARTER, M. D., Chicago, Illinois.

Periodicals devoted to the diffusion of the facts and theories of medical sciences, and we might add, to the *manufacture* of "facts" and "theories", are legion, and their numbers constantly increasing. The eagerness of the mem-

bers of the profession, both young and old, to rush into print, is becoming as great a rage as the craving for the affix "Prof." attached to the name. To give the aspirants a chance to reach the goal of their ambition, medical journals and medical colleges must multiply *pari passu*.

I have no fault to find with any honorable means of "rising", nor with any healthy competition in the race for fame or fortune. Give every one a fair chance and the fittest will survive. Those who fail to excel, will at least force others to greater efforts, and among so many competitors can hardly fail to see some left behind them in the struggle. The desire to "make a mark" is commendable, and the thirst for approbation seems to be one of the inborn qualities of the average man. But beyond all this selfishness, there is, in the medical profession, an earnest seeking after exact knowledge; and many are taking advice from Bacon and endeavoring to gain *exactness* by *writing* the products of their brainwork in the form of *theories*, and by recording the facts which their experience seems to them to establish. Through the medium of the medical press their illuminations of medical obscurities are removed from under the mental bushel (more or less) of the author and set on candlesticks to shine as beacon lights for the guidance of their fellow mariners.

Thus, with the multitude of thinkers and writers, the journals are well supplied with "copy", and such journals labor hard to secure a share of patronage, and consequently "natural selection" again comes into play, and the very struggle to *deserve* support, is as conducive to the attainment of that end, with the medical journal as with the medical man, each striving to "fill the bill" better than its (too near, perhaps) neighbor.

We are deluged with journals of every name, and devoted to every department and *sub*-department of medical study. A great majority of them, if properly used, have sufficient excellence to be worth their cost. Some of the cheapest and most unpretending are really the most useful to the practical physician. Most of the larger and most expensive journals aim so high that the practical is almost completely sacrificed to the theoretical, or too much prom-

inence is given to reporting rare cases and to tedious discussions of matter, which the majority in the profession cannot apply to the solution of the problems which are daily presented to them.

The choice of a certain number of the journals which the physician can afford, and can use to advantage practically, is usually a perplexing question, and the fewer one can afford the more difficult it is to decide which to choose and which to reject.

The progressive physician desires to have as many "tools" and materials as he needs in the form of books and periodicals, and this with as little lumber and waste as possible. The number of journals he should take or the amount of such literary matter he can make use of depends on *how* he uses it. And further, the profit he will derive from the investment depends on how he preserves it, so it may be utilized at any subsequent time. If he is contented with a single and perhaps hasty perusal, and especially if he has no immediate opportunity for the practical application of what he reads, and the journal is consigned to the shelf *sine die*, he will derive comparatively little benefit from it, unless, perchance, he has been gifted with a prodigious memory. The journal is thus made to perform only one of its functions—that of being a medical *news*-paper, and will "waste its sweetness", and fail in its most important office as a reference-work with an inexhaustible store of helpful hints and teachings.

As great a variety of periodicals should be selected as can be carefully read without interfering with other duties, and a means of referring to those portions of their contents worthy of preservation, should be preferred.

Every professional man must be constantly studying, to polish up the rusty places in the memory, and to keep abreast of the world of progress about him. The volumes of journals should occupy a place next to the standard works in the medical man's library. They contain valuable matter not found in any text-book.

It is true, each volume of journals has an index appended to it, but as the volumes accumulate the task of finding what is wanted becomes very great, for even the

titles of many valuable articles will be forgotten, and thus be lost sight of, buried in an impenetrable mass of mingled valuables and rubbish, with no clue to lead to their hiding-places.

The busy practitioner cannot afford to *waste* time in searching for information. Neither can he ignore the teachings and experience of his predecessors or contemporaries. The more he avails himself of these auxiliaries the better for the people who trust their physiological discords to him for tuning.

Now for the *recipe* for "preserving" the more choice contents of the journals, etc., so they may be easily and quickly found when wanted. How can they be "pickled" and labled so as to be always ready for use?

Note-books will not answer the purpose, for they themselves require an index to be of any practical value, and even their sphere of usefulness is very limited, for voluminous note-books are as difficult to handle as the sources of the notes.

Blank index-books are somewhat better, but they cannot be used long, as the entries will soon be so many as to make it impossible to preserve the proper alphabetical arrangement.

The only index which fulfils every requirement is the card-index. By this means an index of the whole range of literary matter of the most industrious reader may be classified under proper headings and rendered readily accessible.

Cards about the size of a postal-card are arranged in a tray or box, or, as I have mine, in a shallow drawer in the writing desk. Each letter-division is separated from the contiguous one by a slip of paper pasted on the first card in each division. This slip extends about half an inch above the cards and is labeled with the letter corresponding to the cards immediately below it.

This set of cards forms an index which is always perfect in arrangement; each new card being inserted in its exact place, and this place remains *its* place, no matter how many cards may be subsequently added, since the subjects in each letter are also arranged alphabetically like

the words in a dictionary. For example: the "abscess" card comes before the "ankle" card, and an "ache" card may be at any time inserted between them, and "ague", "asthma", and "ascarides" need not cause any disturbance. There is a place for everything and room to spare.

By its cheapness, simplicity and expansibility, it forms the only *index rerum* which is absolute perfection. Separate note-books for different subjects are not needed, as the index, if properly prepared, will have all the necessary headings, under which any point may be looked for. It is gradually unfolded by daily accretions, and by a few moments of work each day it may soon become a complete index to a man's library.

Nothing is easier to have a small note-book and a pencil at hand when reading, and the titles or "catchwords" of any article or item one desires to index, noted at the time, and in a leisure moment transferring the notes to their proper places in the index.

I have used such an index three years, and it now contains about three thousand cards, and I am sure it has already served me ten times the time I have employed in making it.

I not only index the important articles and items in my medical journals, but also those in my scientific and literary periodicals, and scrap-books made from newspaper-cuttings. Interesting points in my medical and miscellaneous books are also more quickly found when wanted, if they are put in the index. Among several hundred books it is no easy matter to "look up" a partially or entirely forgotten "squib".

I commenced my index with the intention of using it simply as a means of getting the full value out of my medical journals, but finding it working so admirably for that purpose, I gradually broadened its scope till it is now used as a veritable "catch-all", without at all disturbing the carrying out of the original purpose. I almost wonder how I ever "kept house" without it. My wife finds it "a very pleasant help in time of trouble" when she forgets in what number of her *Household Journal* she will find the recipe for making "mock oysters" or "snow-ball custard", or

where she saw Carlyle's opinion about ladies studying and practicing medicine, etc., etc. One index will serve for "a whole family", and all will declare that it is a good thing to have in the house.

A professional man's study lacks one of its most valuable pieces of furniture if the card-index is left out.

I would advise every reader of the **PEORIA MEDICAL MONTHLY** who is not using it, to begin it with the new year. It will pay. Select your medical and other periodicals, as many as you can afford and use, and keep right up to date with the indexing. It will soon become a habit to make notes and index them, and the idea of its laboriousness will not be thought of. Then, when a subject is to be studied, all the matter pertaining to that subject in the library is found without wasting a moment of time in "searching for a needle in a hay-stack."

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**ART. V.—A Case of Pistol Shot Wound Through the Liver and Lung—Recovery.** BY A. R. SMALL, M. D., Decatur, Ill.

About 11 o'clock, on the night of Nov. 27, 1881, while in a bagnio, Jack Lahey received a shot from a 32-calibre pistol, the ball entering just below the sternum, and just to the right of the median line, taking an oblique course to the right and slightly upward, and lodging just anterior to the inferior angle of the right scapula.

Dr. C. Chenoweth was immediately called and found him in a partially collapsed condition, suffering great pain and spitting blood freely, though very little escaped through the external wound.

The wound was covered with an adhesive plaster and a bandage applied tightly around the lower part of the chest to restrain motion, and morphia administered in sufficient quantity to relieve pain.

At the request of Dr. Chenoweth I visited the patient on the morning of the 28th, and with him attended the case throughout.

We found the patient resting quite comfortably, breathing comparatively easily and occasionally spitting blood.

In about five days he commenced spitting up pus with the blood, and in from eight to ten days pure pus. Up to the eighth day there were no unfavorable symptoms, the pulse not being over 90 and the temperature but little above normal.

We gave him just morphia enough to relieve pain, and ammon. iodid. 1 grain every two hours in solution, and quinia sulph. and acid salicylic aa. 2 grains in capsules every four hours, and whisky as needed. On the eighth day there was profuse perspiration, sufficient to weaken the patient considerably and a tendency to collapse. We gave gallic acid 5 grains and ext. belladon.  $\frac{1}{8}$  grain in capsules every two hours, which controlled the sweating, and from that time he gained steadily until well, being able to sit up all day within three weeks from the time he was shot. We did not find the ball until several days after the injury, when by raising the right arm, so as to lift up the scapula, the ball could be felt just beneath the skin. The inferior part of the scapula covering it when the arm was in its normal position. From the direction of the ball it must have penetrated the upper portion of the liver, the diaphragm, and the inferior lobe of the right lung. The wound was drained entirely through the lung by expectoration, as the external wound was entirely healed within a week and not a particle of discharge took place from it after the first six hours.

The case is of interest in showing the severe injury that may be suffered by important organs with comparatively slight constitutional disturbance.

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#### Basham's Mixture in Albuminuria.

This old-fashioned formula still holds a prominent place in the treatment of renal disorders. Its composition is as follows: Tr. ferri chlor.  $\frac{1}{2}$  ounce; acid acetic dil. 1 ounce; liq. amm. acet.  $4\frac{1}{2}$  ounces; tr. aurant. cort.  $1\frac{1}{2}$  ounces; glycerine,  $\frac{1}{2}$  ounce. M. Sig. A tablespoonful, largely diluted, three times a day.—*Canada Lancet*.

**Correspondence.****A Thought With Reference to Femur Fractures.**

FRANKTON, Ind., Feb. 1, 1883.

*Editor of Peoria Medical Monthly :*

I have a few items to present to my medical brethren through your interesting columns which are gathered by actual experience, and are more especially submitted to their consideration as inquiries rather than otherwise. On the 23d of last October I received an oblique fracture of my right femur near the center. The point of interest is this: by careful watching of my own case I am constrained to believe (however without any good written authority so far as I know) that that there are certain periods or points reached, beginning ten days after union, and lasting up until the provisional callous is completely removed, consisting in what we would term a crisis, marked by a discharge from the kidneys of an abundant amount of albuminous substance loaded with lime in a mechanical rather than a chemical condition, recurring about every seventh or eighth day, lasting about thirty-six hours, then entirely subsiding for the time. Some burning pain while and after urinating, but urine passed freely and in sufficient quantity. Some depression of a nervous character would precede for about twelve hours this return of abnormal urine. Before fracture was healthy, of a nervous temperament.

No kidney trouble of any kind had ever been detected, but at the time of injury some trouble to urinate owing to rigidity of the sphincter muscles of bladder, but passed off without treatment; was a quick urine, no constitutional trouble, no remedies internal; was treated with a straight splint with the crotch extension. And now at this writing, ninety-five days from fracture, I have been walking at a tolerably fair gait without crutches or cane. The points of interest to me are these: was a very large provisional callous up until about the thirtieth day, Began to subside rapidly and now for the last thirty-five days there is not a particle of callous to be found by the closest inspection, Since the callous has entirely disappeared,

urine normal in kind and quantity. Health good. Now I wish to ask my medical brethren, was that abnormal condition of urine a healthy excretory process of the system through the kidneys to get rid of that provisional callous, or was it not? The office of the kidneys being to eliminate the earthy and bone materials which have become effete and surplus in the system. If this periodicity of abnormal condition of urine is consequent and necessary to the removal of provisional callous in each and every case of fracture (as I believe it was in my case without a doubt), it would appear to me that such grave symptoms (being only a sequel), deeply implicating the kidneys, should be by our surgical authorities treated of and regarded as such. Dr. F. Hamilton gives us where the callous is obtained and how, but no farther.

I ask the question, was this condition normal or abnormal, showing itself only the twenty-eighth or thirtieth day after the fracture, returning every seventh day, lasting about thirty-six hours up to the sixtieth day, then passing off entirely?

J. D. EBERT, M. D.

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### Periscope.

#### A Brief Treatise on Therapeutics.

##### HOW TO CONSTRUCT A PRESCRIPTION.

The student when brought in contact with disease, single handed and alone, is often sorely puzzled to tell what to prescribe, and how to go about it. He may have heard lectures on the practice of physic, and been told that constipation may be treated by vegetable and mineral purgatives; but how to combine them, and in what doses to give them he is unable to decide. Or he may have heard *Materia Medica* lectures, and been told that iron is indicated in anæmia; but he is far from seeing his way to prescribe it satisfactorily. Suppose the case is that of a pallid man, with constipated bowels: the first thing to be done is to select a suitable laxative, say sulphate of magnesia. Now comes the dose. As it is to be taken several times a day, the dose must be much less than when given in one dose, as a purgative. For the latter, the average dose is 1 oz., but as a laxative it will be found that 1 dr. is usually quite sufficient three times a day. Then there is the

anæmia to be considered. For this the old tincture of the muriate of iron is well adapted, in a dose of ten drops at a time. We have now got the main elements of the prescription together, viz : magnesium sulphate, 1 dr. and tinc. fer. mur. 10 min. But in all probability this mixture will gripe the patient more or less unless it be given with some warm agent or carminative. Consequently, then, the vehicle in which the essential factors are to be taken is not an unimportant matter. If the appetite be good, then mint water may be selected. The complete prescription would then stand :

Magnesium sulphate,	1 drachm.
Tincture of iron,	10 minims.
Mint water,	1 ounce.
Three times a day.	

But if, as is very likely, the appetite is defective, it is well to select a vegetable bitter as the vehicle. As many of these vegetable bitters contain tannin, they do not go well with iron, giving an inky color to the mixture, and so rendering it repulsive to the eye. And medicine is not usually very attractive at the best ; so it may not be made more objectionable than is absolutely unavoidable. So the bitter selected may be infusion of quassia. But quassia is not carminative, so it is well to add either tincture of ginger or of capsicum. The prescription would then stand :

Magnesium sulphate,	1 drachm.
Tincture of iron,	10 minims.
Tincture of ginger,	1 drachm.
Or Tincture of capsicum,	10 minims.
Infusion of quassia,	1 ounce.
Three times a day.	

Or the patient has a cold, with some bronchial inflammation present. Then the line would go in this direction: First we require an agent which will make the action of coughing more efficient, while it also acts upon the bronchial lining membrane, making the secretion more free, and thus causing the phlegm to be more readily dislodged. Such an agent we find in ipecacuan. Say, then, ipecacuan. wine, 15 minims. Then, in all febrile conditions, it is well to excite the action of the skin. For this end the acetate of ammonia is indicated. As I do not intend to confine myself to prescriptions in English, but shall use Latin ones at times, for the better education of the reader, so as to familiarize him with both, this will stand :

Vini ipecacuan,	15 minims.
Liq. amm. acetat,	1 ounce.
6ta quaque hora.	

Or the patient is recovering from some acute disease, as typhoid fever, or pneumonia, and the tongue is not quite

clean, and the appetite not active. Here a mineral acid is indicated, as phosphoric, for instance ; in a vegetable infusion which need not be free from tannin, as iron is not to be in this mixture. Consequently the prescription will stand thus :

Dilute phosphoric acid,	15 minims.
Infusion of cinchona,	1 ounce.
Thrice daily	

Under this combination probably the tongue will clean, and the appetite improve.

Then it is well for the student not to forget that acids and alkalies do not go together, but combine, a fact not always remembered by young practitioners. Thus, for instance, in dyspepsia with much acidity, it would *not* do to write the following prescription :

Sodæ bicarb,	$\frac{1}{2}$ scruple.
Liq. strychnia,	4 minims.
Inf. gentian	1 ounce.

The strychnine being dissolved in an acid medium, hydrochloric acid would be thrown down in an alkaline mixture, with this result, the strychnine would be at the bottom of the mixture, and consequently the patient would get none of it till he came to the last dose, and then he might get more at once than was quite agreeable. In such cases the Galenical preparation must be chosen, the tincture of nux vomica. The prescription then ought to stand :

Sodæ bicarb,	$\frac{1}{2}$ scruple.
Tinct. nucis vom,	10 minims.
Inf. gentian,	1 ounce.
Ter in die.	

To give iron with a vegetable bitter containing tannin is a very common error, producing a repulsive looking fluid. But this avoidance of incompatibles went to an undesirable length, when it decided that digitalis could not be combined with tincture of iron. In cases of heart weakness the following is an excellent combination :

Tinct. digitalis,	10 minims.
Tinct. ferri. mur.,	10 minims.
Sp. chloroform,	20 minims.
Inf. quassia,	1 ounce.
Ter in die.	

Spirit of chloroform is pleasant to the taste, and can often be added to mixtures with advantage ; it is also a stimulant.

Or a patient may have constipation, with a foul tongue and a bad taste in the mouth. Here the fur, which consists of dead epithelium cells which are not properly shed, is usually stained by the bitter bile acids or their salts, so

it is well to give a laxative which will also contain an ingredient which will act upon the liver, as mercury, for instance. The combination would then stand thus :

Pil. hydrarg.,	1 grain.
Pil. col. co.,	8 grains.
To be taken at bed time.	

If the bowels are not freely opened, then a seidlitz powder, or an ounce of "black draught" in some warm water next morning. Morning laxatives should always be taken warm. By so doing their action is more rapid, and the bowels are less apt to tease the patient during the course of the day, which is often very inconvenient. These minor matters are usually worth attention.

#### INDICATIONS FOR TREATMENT.

After making a diagnosis as to what is the matter with a patient, the next thing to be done is what is the leading indication for treatment. The patient may be suffering acute pain, as in colic. Here the pain is at times excruciating and must be relieved. For this end opium stands *facile princeps*. "Mash Allah" (the Gift of God) is stamped on the cakes of opium by the Orientals. Then as the colic is due to violent spasm of the muscular fiber of the intestine, it is well to give the opium with a carminative, as mint water, for instance, which will make a convenient vehicle. Then the pain is very depressing, as all pain is in which the abdominal portion of the sympathetic nerve is involved, and therefore a diffusible stimulant, acting rapidly, is desirable. Such an agent we possess in carbonate of ammonia, of which sal volatile is a preparation. It would be well, then, to let the prescription stand :

Tinct. opii,	½ drachm.
Sal volatile,	1 drachm.
Aq. menth. pip.,	1 ounce.
Statim.	

In cases of severe depressing pain, a full dose of opium at once is in every way better than repeated small doses. (A word of caution as to dose. Children are very susceptible to opium, and small doses often act very potently upon them. All agents which "depress" nerve action as part of their effect, are to be given with caution to children.) In many cases of colic the only thing at hand may be some laudanum and some spirits. It would then be well to give the laudanum with two ounces of any spirit. In any case of colic, it is well to put cloths wrung out of hot water, and freely sprinkled with turpentine, upon the abdomen until relief is attained.

Or the patient may be in a fit. Here, really, little can be done except to see that the patient does not do himself or herself any injury, if convulsed. In epilepsy, to loosen the collar and free the neck is indicated; and if the tongue is being bitten, put a piece of soft wood or cork betwixt the teeth to prevent the tongue being nipped. If a young woman, and especially screaming, it is probably hysteria, and then a jugful of cold water dashed over the head and face is effective, or a hand may be placed over the nose and mouth till the performance is arrested and converted into a struggle to breathe. If it is pure syncope, it is well to allow the patient to remain in the recumbent posture until spontaneous efforts are made by the patient. In syncope there is temporary failure of the heart's action, and it is not desirable to remove the patient from the horizontal posture, until there is evidence of the circulation being restored. If the patient be not in the horizontal posture when the faint comes on, she should at once be laid flat.

Or the patient may be bleeding profusely. Here it is desirable to put pressure on the vessels from which the blood flows. If from an artery, the pressure must be between the heart and the bleeding orifice; if a vein, at the distal end of the limb; if hæmoptysis, or hæmatemesis, keep the patient absolutely still under all circumstances.

And now let me tell the youthful reader what he must not do. He must not give a stimulant if the patient faint. Here syncope is nature's mode of arresting the hemorrhage; and though it may appear to indicate a supine and indifferent attitude, it is not wise to interfere with the syncope. To give a stimulant is to excite the heart's action, to rouse the circulation, and restore the hemorrhage. But so carry yourself that the alarmed bystanders shall recognize the fact that your inactivity is not the consequence of ignorance and indifference, but of greater knowledge than they possess. In their good intentions, persons guided by impulse, combined with ignorance, may become murderers.

Or a patient may be suffering from great excitement, from brain disturbance, or from being mentally upset. Here a calm, self-possessed manner and bearing are of the greatest service, but medicine may be useful. Here a sedative is indicated, as chloral hydrate, or bromide of potassium—alone or combined, and they may be given in what is termed a calmative, as camphor mixture, for instance. The prescription would stand:

Chloral hydrate,  
Potass. bromid.,  
Mist. camphoræ,

$\frac{1}{2}$  scruple.  
 $\frac{1}{2}$  drachm.  
1 ounce.

If required, this must be repeated in three or four hours. All depressant drugs are to be given with care and prudence, and the action of opium, chloral, and bromide of potassium will be contrasted in a subsequent chapter.

Or the patient may be suffering from dyspnœa—the respiratory efforts being very laborious. Here it is well to give rapidly diffusible stimulants, which act promptly on the centres of the circulation and the respiration. Such agents we possess in ammonia, belladonna, and strychnia, while digitalis acts powerfully upon the heart. It will be well to prescribe in severe dyspnœa either :

Amn. carb.,	5 grains.
Sp. chloroform,	20 minims.
Liq. atropiæ sulph.,	2 minims.
Aq.,	1 ounce.

to be repeated in two or three hours ; or if the right ventricular be falling, the prescription would be :

Am. carb.,	5 grains.
Tinct. nuc. vom.,	10 minims.
Tinct. digitalis,	10 minims.
Aq. menth. pip.,	1 ounce.

also to be repeated if necessary. Or if the reader be very inexperienced, not familiar with modern therapeutical research, he might take a lower but safer (*i. e.* as regards public opinion, but not as regards the patient's life) standing ground, and prescribe :

Sal volatile,	1 drachm.
Sp. chloroform,	$\frac{1}{2}$ drachm.
Aq.,	1 ounce.

4ta quaque hora.

Where there is acute indigestion, it is well to empty the stomach by administering an emetic, as sulphate of zinc (3 scruples), or ipecacuan wine (an ounce) ; or if these be not at hand, some mustard and hot water, or tickle the fauces with the finger until vomiting is induced. The same holds good of acute alcoholism. In all emergencies keep as cool as possible, and do not act hurriedly or excitedly, or you may do the wrong thing and defeat your aim.

Then there is the question of the local measures to be employed. Heat is almost always soothing, except in headache, where cold applications give more relief. Cold water and vinegar, and eau de cologne, where practicable, are good measures for headaches. In dyspnœa, where the right side of the heart is embarrassed, it is well to put hot poultices to the front of the chest ; the heat stimulates the heart. In local abscesses a hot poultice is soothing. The case may be one of a broken rib, where a jagged end is rubbing the lung-pleura at every respiratory act ; here the most efficient local measure is to put the parts to rest, or

as near as is attainable, by strapping, or banding. In that form of pleurisy where a small module of tubercle, protruding from the lung, rubs on the costal pleura, and excites local inflammation and pain, then putting the part at rest by strapping gives the patient relief. Or there is a severe bruise causing much pain. Here soothing applications, as a piece of folded flannel, wrung out of hot water, and freely sprinkled with laudanum, or a poultice of poppy heads, are good measures to adopt. If a sprained joint is very painful, it may be swathed in bandages soaked with cold water, or cold water allowed to drop on the bandages.

#### WHAT TO AIM AT.

When called in to see a patient, the student must expect to find the person acutely ill, or thought to be so by those around—relations, friends, or neighbors. The first thing to determine is, which is the case. It is not always easy to do this. How to determine which of the two is the case calls out the extent of the practitioner's knowledge, and tests the attention he—whether a young or an advanced student—has paid to the instructions of his clinical teacher. If the pulse, respiration and temperature all be over the normal, then organic mischief of an acute character is usually afoot. On the other hand, there may be collapse or rupture of an internal blood-vessel without any of these. When so called in, do not rush at the patient with a stethoscope, but find out something about the individual, and then proceed to the disease and its amount. It is quite as important to know something of the patient generally, as it is to determine the extent of a pneumonia, for instance. You are going to treat the patient rather than the disease. You are going to influence the morbid process in the individual. Above all things, keep your head clear and cool, and so give your knowledge, be the same more or less, a fair chance to exhibit itself. First give relief to the patient; then relieve the minds of the friends. Make as good an impression as you possibly can, in order to acquire the confidence of the patient and the patient's friends, so that they will follow your instructions implicitly. The success of your plan of treatment will usually turn on the thoroughness with which it is carried on, and if you do not secure the confidence of the patient's friends, you may be pretty certain that they will not follow your instructions. Never be oblivious of the fact, nor be too acutely conscious of it, that the friends are examining you while you are examining the patient. Bear yourself accordingly, and it is better to err, if err you must, on the side of excessive care

in your examination. Youth is apt to be self-confident, and it is very easy to make a mistake, even when years have rolled over the practitioner's head and taught him caution by a painful experience. Be not flippant then, and carried away with the impression that you have arrived at your diagnosis by some inspiration. Be painstaking in your examination, and thoughtful in your plan of treatment.—*J. Milner Fothergill, M. D. M. R. C. P., in Leonard's Illustrated Medical Journal.*

(TO BE CONTINUED).

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#### **Puerperal Diabetes.**

A paper on this subject was read by Dr. Matthews Duncan, at a late meeting of the London Obstetric Society. The author pointed out the distinction between the slight glycosuria of pregnant and suckling women and real diabetes, with its real polyuria and large amount of sugar. Physicians and surgeons were well aware of the dangers introduced into their cases by complication with diabetes. But the subject of diabetes complicating pregnancy and parturition had attracted almost no attention; and this probably arose from its rarity, which might be accounted for by the disease frequently destroying in women the sexual energies, as it is said to do in man. The author had collected twenty-two cases in fifteen women, and they demonstrated the great gravity of the complication as respects both mother and child. Of the twenty-two pregnancies (including those ending prematurely) four had a fatal result soon after delivery. In seven of nineteen pregnancies in fourteen women, the child, after reaching a viable age, died during pregnancy; in two the child was born feeble and died in a few hours—making an unsuccessful issue in nine of nineteen pregnancies. The histories showed that diabetes may supervene on pregnancy; that it may occur only during pregnancy, being absent at other times; that it may cease with the cessation of pregnancy; that it may come on after its cure. They showed that pregnancy may occur in a diabetic woman; that it may be not appreciably affected in its natural progress and termination by the disease, and that it is very liable to be interrupted by the death of the foetus.

Dr. Robert Barnes had investigated the condition of the urine in pregnancy, as to albumen, urea, and sugar. The occurrence of sugar was physiological, though not constant. Sinety had shown that sugar appeared in the urine when lactation was suppressed; this was of interest in connection with the normal fatty change in the liver shown by

Tarnier to occur in pregnancy. He (Dr. Barnes) drew a parallel between albuminurea and glycosura during pregnancy. Both were physiological, but might pass the physiological boundry, and then grave accidents ensued.—*L'sv. Med. News.*

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### Book Notices.

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Transactions of the Thirty-Second Annual Meeting of the Illinois State Medical Society. Held at Quincy May 16, 17, 18, 1882. 8vo.; cloth; 274 pages. Printed by Chas. J. Johnson, Chicago, Ill.

After months of waiting and questioning on the part of members of the Society the annual volume of transactions has put in an appearance. To compare it with previous volumes from this Society or with the transactions of the societies of other states might seem invidious. Comparisons are generally odious, hence had better not be made lest our State Society might feel discouraged. To briefly notice a few of the most worthy papers presented must suffice. After the address of the President, which is a model of its kind and should be read by every physician in the state, comes the Report on Practical Medicine by Dr. Ensign, Chairman. This report may well be considered as typical of what such a report should be, although the reluctance of physicians to answer Dr. Ensign's circulars somewhat marred its completeness. It is well worthy of re-reading and preservation.

Obstructions in the Larynx and Trachea, by E. Fletcher Ingals, comes next, which we only note, to wonder why his titles as professor, etc., are made a foot-note and why they should appear at all.

Dr. Lee of Chicago made the report on Surgery, reviewing at some length the subject of Antiseptics, Skin, Sponge and Bone-grafting.

The report on Gynecology by Dr. E. W. Jenks was one of the features of the meeting, and is one of the valuable features of this volume.

The reports on Medical Legislation take up about fifty pages of the book and excite the question *cui bono*. What good did they do? The reports are good enough in themselves, but are they not like fighting the wind?

Beyond the above mentioned there are some that rise above mediocrity and some which do not even attain it. The mistakes of the proof-reader are many and inexcusable. Proper names are mis-spelled, or assigned to the wrong locality, with a frequency that should demand a reform, and we hope that the volume for 1883 will be an improvement in this respect at least.

# THE PEORIA MEDICAL MONTHLY.

THOS. M. McILVAINE, A. M., M. D.,

*Editor and Publisher.*

204 South-Jefferson Street,

PEORIA, ILL.

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To subscribers! A pencil mark at this place indicates that the time of your subscription has expired, and that a prompt renewal is urgently requested.

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## Editorial Department.

### The Fourth Annual Report of the Illinois State Board of Health.

Five years and a half have now elapsed since the State Board of Health of Illinois was established, and its fourth report lies before us. A slight review of the work accomplished may not at this time be thought out of place.

The first two years of its labor may be said to have been spent in getting ready for work. The general state of affairs in all matters pertaining to the practice of medicine in this State was as bad as it now is in those States having no laws upon the subject. Quackery was rampant and unconcealed, itinerants were found in almost every country town; the only requirements for the practice of medicine were a "shingle" and plenty of brass.

With a law confessedly imperfect, with the scarcely half-hearted support of a majority of even the reputable practitioners, in the face of the most bitter and undisguised opposition of the irregulars and quacks, and without the moral support or sympathy of the people at large, the newly appointed Board began the work of restoring order out of chaos. There were few precedents to follow, laws regulating the practice of medicine were a novelty, and what was done had to be done slowly, feeling the way for firmer ground beyond. A few false steps, a few blunders, and all would have been lost. What wonder, therefore, that the first year and a half or two years bore so little apparent fruit; what wonder, too, that many persons both

in and out of the medical profession, criticised the Board severely and blamed it for neglect of duty, or even worse.

The causes for this slow progress were not so apparent then as they have since become, and the motives of the grumblers were perhaps not evil.

After the Board had carefully examined the ground, progress became more noticeable, the law was tested in a few cases and generally sustained; frightened at the increasing vigor of the Board, the most flagrant quacks left the State, and itinerants began to give Illinois a wide berth, until to-day this State is as free of those vampires as any other one in the Union.

Space will not permit of a review of the labors of the Board during the recent epidemic of smallpox, but its vigorous action and the untiring efforts of the Secretary gained for it general praise, and for him the credit of being one of the most energetic and advanced sanitarians of the country.

The actions of the Board in regard to medical education have also been in the main, well taken and good. The refusal to receive diplomas from several colleges has caused some of them to raise their requirements, and its new rule to receive no diplomas from any medical college not having an entrance examination in the common English branches, has caused all that were previously remiss to fall into line.

Another step should be made, and that is the revision of the act regulating the practice of medicine, and the act establishing the Board of Health, both of which are notoriously faulty.

The good that the Board has accomplished, even under these disadvantages, has gained for it the confidence of the people of the State, and the good will of the medical profession. The old prejudice has almost died out, the old opposition has been overcome, and we believe the time has now arrived when the laws may be amended and strengthened. To move in this, should be the work of the Board, and we hope it will be undertaken before the adjournment of the present legislature.

Much good has been accomplished in the way of educating the people to the necessity of sanitation and

prevention of disease by the circulars of the Board which have been widely distributed, and we hope the work will be continued.

The Board should receive the hearty support of the profession, not the support manifested by simple non-opposition, but working support and active co-operation; were this had its progress would be more rapid and results more satisfactory.

In conclusion we wish to say a word in reference to the Secretary of the Board, Dr. Rauch, whilst personally he may not be popular with all, still there is not a candid man who can have any other feeling than that Dr. Rauch has succeeded where ninety-nine out of a hundred would have failed; that he has done more hard work than almost any other man who could have been found for the place.

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#### The New York Code.

The seventy-seventh annual meeting of the New York State Medical Society was held in Albany, February 6, 7, 8. The number in attendance is not given in any report that we have seen, but judging from the vote on the code, there were about 205 present.

To one at this distance it looks as if the gag-law was strictly enforced on all opponents to the new code. As for instance, when the Westchester County Society presented a communication representing their loyalty to the American Medical Association and deprecating the action of the State Society, it was moved that the Society be reprimanded, and it was later moved that all similar communications be placed on file without reading.

This is sufficient to show the animus of the defenders of the new code, almost all of them by-the-by New York City men. It made no difference that thirty-eight out of forty-three county societies repudiated the new code. New York City had enough present as delegates and permanent members to carry everything.

The final vote on Dr. Squibb's motion to abrogate the action of the Society last year, and to re-establish the code

of the American Medical Association, was lost by a vote of 105 to 99.

This settles the matter for the time being, and that this action may prove wise hopes the *New York Medical Journal*. It may turn out, however, that the majority of the members of the profession in the state outside of New York City, will dissolve their connection with the State Society and form a new state organization that will be in full accord with the National Society. In this they will be joined by many prominent men in New York City.

Dr. D. B. St. John Roosa appeared as champion of the new code. He repudiated the statement that the State Society were secessionists. They had no relation with the American Medical Association. They sent delegates to it, but were not in any way connected with it. They did not propose to permit this Society to be dictated to by any voluntary society, etc.

It may be time that the old code of ethics be revised, and in fact it ought to be done, but it seems to us that the New York Society have adopted a very poor method to secure this end.

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#### Important Announcement.

On April 1st we propose to issue the first number of a popular Journal of Hygiene, which will be devoted to the advancement of practical knowledge of the laws of life, sanitation in its widest extent and all subjects pertaining to home health.

There is no doubt that a journal of this kind, if rightly conducted, is something that is much needed, and can be made the instrument of vast good both to the medical profession and the public.

Our plan is to make it technical and scientific enough to satisfy physicians, yet plain enough for the public.

Dr. R. J. Curtiss of Joliet, Ill., Professor of Hygiene and State Medicine in the College of Physicians and Surgeons, Chicago, will be chief editor, while the various departments will be conducted by persons of experience and ability. That there is a demand on the part of the public for instruction in this field is sufficiently proven by the

avidity with which newspapers (the best weathervanes of public sentiment) print everything that they can find upon such subjects. Much, however, that is so printed and scattered abroad, is written by persons with very little knowledge upon these subjects, and this is liable to do harm. Could this kind of literature be supplied by those who are capable of giving the best, the good that could be accomplished would be incalculable.

Our plan calls for a full elucidation of the sciences which relate to life, its improvement and preservation; to educate the people to a proper appreciation of the services of educated physicians; to put the public on their guard against quackery, patent medicines, adulterations of food; to instruct the people in the art of nursing the sick, preparing proper food for invalids in a proper manner; in short, to instruct them in everything relating to home health.

We believe a journal of this kind will occupy a hitherto unoccupied field, and will be worthy the support of physicians as well as the public.

Our prospects for success are very flattering, and we believe we shall succeed. The same policy that has in no small degree contributed to the success of the **PEORIA MEDICAL MONTHLY** will be applied to the new enterprise, viz: to give the most of the best going for the least money.

The new journal will consist of 48 pages monthly, of the same size as this journal. The price will be \$2.00 a year, or \$1.00 to subscribers to the **PEORIA MEDICAL MONTHLY**. We would be glad to hear from any of our readers on this subject, giving their views and opinions, and to what extent they will assist in the work.

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#### **A Physicians' Supply Company.**

One argument urged against our paper of a year ago (on the advisability of physicians furnishing their own medicines) was that few wholesale houses would sell to physicians at all, fearing the effect it would have upon their druggist trade, and that few houses would sell to physicians in small quantities as they would wish to buy. We replied that if there was much demand on the part of

physicians for drugs for their own dispensing, firms would be formed whose sole business would be to furnish them with just what was wanted. We are happy to note (and it seems as if it was a proof of the value of our argument) that a firm will soon be ready for business in this city whose sole business will be to sell to physicians *everything* that may be called for.

Messrs. M. W. Schulz & Co. will open a physicians' supply house about the first of April. They have purchased the large instrument business of Colburn, Birks & Co., and in addition will make a specialty of selling to doctors the best and purest drugs in the market. We are personally acquainted with the gentlemen comprising this firm, and can assure our readers that every promise made by them will be faithfully carried out.

We write thus strongly upon the subject, not because we have been asked to do so, for we have not, but because we believe it will be of value to many of our readers to know that there will soon be such a house, where their wants, especially in the drug line, can be supplied.

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#### Notes and Comments.

Dr. Frank L. Hinsdale (Rush '81) has removed from Gray, Iowa, to Toledo, Tama County, Iowa.

Dr. A. T. Darrah, Tolono, Ill., President of the State Medical Society, paid us a pleasant visit a few days ago.

Dr. C. L. Jackson of Cincinnati, Neb., is attending another course of lectures at the Kentucky School of Medicine, Louisville, Ky.

Toledo, Ohio, has a new Medical College. Tickets \$40.00, and requirements equal to the lowest tolerated by professional opinion.

Philadelphia is to have a Post-Graduate Medical College, Baltimore a Polyclinic or two, and several other "centers" still to hear from.

Oliver Wendell Holmes, Jr., son of the renowned Dr. O. W. Holmes, has been recently elevated to the Supreme Bench of the State of Massachusetts.

The Illinois State Board of Health is engaged in revising the Official Register of Physicians and Midwives for publication. All changes of address and other corrections should be promptly sent to the Secretary at Springfield.

We notice in the daily papers that Dr. Wheeler, of Decatur, Ill., a prominent eclectic physician and late President of their State Society, has been acquitted of the charge of "abortion," for which he has lately been on trial.

Dr. A. T. Bryan (Rush '82) was married Dec. 27, to Miss Ella L. Waite of Egan, Moore County, Dakota, where the Dr. is gaining a fine practice. The good wishes of the MONTHLY are heartily tendered to the young Dr. and wife.

Dr. H. G. Murdock (Rush '81) has removed from Glenwood, Minn., to Taylor Falls, Minn., where he has bought the property and practice of his brother, Dr. A. J. Murdock. Dr. M. is crowing over the arrival of an heir. Congratulations are in order.

The College of Physicians and Surgeons, Chicago, has advanced their fees for 1883-'84 to \$50.00. This is a step in the right direction, but not a very long one. We hope the next year they will take a good long jump and place this college (a good one) beyond the possibility of being called one of the cheap ones.

Secretaries of medical societies in the State of Illinois are requested to forward lists of the officers and members of such societies, with postoffice addresses, to the Secretary of the State Board of Health, at Springfield. These addresses are required to facilitate the distribution of the publications of the Board and for other purposes.

An extraordinary security was offered by a man who recently advertised in a Berlin newspaper for a loan. The advertisement ran as follows: "A medical student whose means are exhausted would like to meet with some one who would advance him the necessary sum to complete his studies, at a moderate rate of interest. If necessary he would as a guarantee at once marry his creditor's daughter, or, if he prefers it, would give an undertaking to do so on passing his final examination.

A correspondent to the *Philadelphia Medical Times*, writing from Chicago, says: "The general standard as regards educational fitness and preparation in Chicago, is below that aimed at by most of the schools." It is now time to hear from Cincinnati, St. Louis, Detroit, Louisville, New York, etc., and see if the same may not be said concerning all of them.

## HOMŒOPATHY.

"Old Dr. Hahnemann read the tale,  
 (And he was wondrous wise,)  
 Of the man who, in the bramble-bush,  
 Had scratched out both his eyes  
 And the fancy tickled mightily  
 His mystic German brain,  
 That by jumping into another bush,  
 He got them back again.  
 So he called it "home-hop-athy,"  
 And soon it came about,  
 That a curious crowd among the thorns  
 Was hopping in and out.  
 Yet, disguise it by the longest name  
 They may, it is of no use;  
 For the world knows the discovery  
 Was made by Mother Goose."

A correspondent to the *Medical Herald* writes as follows concerning a well-known Philadelphia college: "As to turning out good doctors, this college goes on the quantity plan rather than the quality. Short term, many lectures, two sessions only, cramming, easy green room and a flowery commencement, will stick to the Jefferson Medical College as long as it pays."

The increased strength in the opium preparations of the new pharmacopœia will give rise to considerable trouble unless the prescriber knows what the druggists are going to do. We suppose they will use up what they have already on hand of the old formulæ, and then change to the new; in the meantime and until it is generally known by physicians that all druggists have these articles of increased strength, it would be well for physicians to signify whether each prescription be prepared according to the formulæ of the old or new pharmacopœia.

Dr. George M. Beard, the well-known neurologist, died suddenly, January 23, aged 44 years. His last illness began with an alveolar abscess, pleuro-pneumonia developed

in a day or two and he died after an illness of only four days. Shortly before he died he made the following remark, which was almost his last: "I wish it were possible for me to record for the sake of science, the thoughts of a dying man. This final battle that I am going through would be interesting." Since writing the above, word has reached us of the death of Mrs. Beard, January 31, of pneumonia; united in life, death could not long part them.

The *Medical Age* has an editorial in a late issue on the medical advertising agent. It puts some sober truths in a wholesome manner, and suggests the subject as a topic for the consideration of the Medical Journal Association at its next meeting. We have not been beset by many of these gentry, or had any trouble with them. The reason has been that we have refused to have anything to do with them, unless they accede to our terms. We believe in doing business directly with the advertiser, and lose no opportunity of convincing them that they get better rates by dealing directly with us. We hope the subject will be fully discussed and settled by our contemporaries.

#### Receipts for January.

ILLINOIS—Drs. W. H. Byford, D. W. Scott, R. Sager, C. K. Hendee, L. A. Fisher, J. A. Harvey, R. W. Bower, W. E. Gilliland, M. P. Phinney (\$1.50), W. R. Nash, E. M. Taylor, W. H. Conibear, A. M. Pierce, R. P. Jennings, G. L. Corcoran, J. F. McAnally, S. B. Bennett, W. H. Eldred, F. A. Darling, H. H. Littlefield, A. T. Bartlett, E. R. Boardman, W. H. Caulk, W. G. Piersol, R. T. Henry, J. R. McCluggage, A. W. Hurd, A. J. Miller, Z. Allen (2 years), E. H. Graves (2 years), H. S. Bell, W. R. Mizell, E. H. Henry, H. Wardner, J. K. Welch, L. B. Martin (2 years), T. H. Stettler, W. C. Gaston, H. J. Birney, E. H. Ferris, A. R. Graham.

IOWA—Drs. E. N. Woodworth, J. B. Wilson, J. C. Corselius, M. I. Powers, E. S. Carlisle, Perry Engle, B. F. Hyatt, W. G. Dwyer, Emil Brendel, E. C. Chapman, Frank L. Hinsdale, H. Newell Sill.

KANSAS—Drs. Hoover & Porter, A. M. Kirkpatrick, T. Arthur Wright, Hugh C. Gault, J. Jenks, F. S. Morton.

MINNESOTA—Drs. N. A. Winslow, M. E. Bushey.

TENNESSEE—Dr. J. A. Williams.

WISCONSIN—Drs. J. M. Adams, I. J. Bennett.

KENTUCKY—Drs. T. E. Black, W. I. Moore, J. J. Rodman.

ARKANSAS—Dr. W. W. Longley.

INDIANA—Drs. Jno. J. Thompson, R. Burns.

MISSOURI—Dr. J. H. Fleming.

NEW MEXICO—Dr. R. S. Tenney.

# THE PEORIA MEDICAL MONTHLY.

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VOL. III.—MARCH, 1883.—No. 11.

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## Original Communications.

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ART. I.—“Hog Lard” the Sina Qua Non for “Scarlet Fever.” By J. M. HOLZ,  
M. D., Salem, Ohio.

Some thirty-five years ago, we found in a Southern medical journal an article on the treatment of “Scarlet fever,” by Doctor Merrill of South Carolina. Some time after, say one or two years, a terrible epidemic of that dread disease made its appearance in Northeastern Ohio, where we were then located in the practice of medicine, and the disease was most fearfully fatal, often terminating the existence of the patient inside of twenty-four hours, and in fact some cases of very fat boys of three to five years of age were fatal in a few hours. Indeed no rash was manifest until after the child was dead three to ten or twelve hours, the little one being stricken, as Dr. Marshall Hall of London says, with “cerebral congestion” or “apoplexy.”

I was having a sorry time in the treatment of my cases but upon comparison was as fortunate as to loss of them as my other medical brothers around me. Yet it was serious indeed, sometimes losing two or three out of a family of five or six children, and even in some instances losing more than that. One day I had two boys very sick in the family of three. The other child, a girl of some four to six years, was not yet ill with the disease. The parents seemed

over anxious for fear the girl would go down with it, and she being so full of flesh they seemed to think if she took it her death was a foregone conclusion. I suggested to her mother that if she was taken sick before I again visited them to get a saucer full of hog's lard, melt it and commence at her head and continue to the ends of her toes, greasing her all she could get to stick on her, then roll her up in a sheet—linen sheet if she had one—and put her in bed and cover her with blankets and other clothes to keep her warm, and in four hours grease her again the same way and cover her up as before, and continue this until I again visited the family. Upon my next visit I found the boys both very low indeed. The girl had been taken in the evening after I left. This visit was about noon the following day. I found her as I thought doing very well; the lard had been as thoroughly applied and as often as directed, with plenty of cold water to drink as she was very thirsty. I gave her, in addition, the following: Spirits nitri dulcis, 30 drops; creosoti, 10 drops; aquæ, 2 ounces. Dose, a tablespoonful once in an hour, and ordered a tablespoonful of castor oil with 10 drops of spirits of turpentine given the following evening, and continue the lard as before directed. Result, in about four or five days the girl was comparatively free from fever, her skin looked as red as a boiled lobster, and she began to eat and made a good recovery in a few days.

This being so successful, I again tried it with a like result, and for several years have never failed to have the most flattering results in all steps of the scarlet fever. The internal treatment was varied when other conditions were to be met. But the lard acting by inunction, the fever, as Dr. Merrill contended it did, spent itself upon the lard instead of the fat of the patient. Give it a trial and you will be pleased with it, and may save many patients more.

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ART. II.—A Difficult Labor and Fœtal Monstrosity. By B DALEY, M. D.,  
Osage Mission, Kan.

On the morning of the 27th inst.. Dr. Stedman called at my house and asked me to go in the country some six

and a half miles to assist him in a case of obstetrics. He told me he had been engaged all night with a woman at her second confinement and that the woman had then been three days in labor breech presentation, and that he used the forceps at various times through the night all to no effect. I arrived at nine o'clock on the morning of the 7th of February, 1883. Upon examination found the breech well down in pubis with no contraction of uterus. Advised ergot, thinking I could deliver the woman easily bringing down a foot, but in vain. I felt for a trochanter and introduced my long Hodges forcep, ene blade after the other, and locked, but forseps slipped, as with Dr. Stedman ; for three trials all slipped. You may imagine when the monstrosity had three legs, three arms, and two well-developed heads. The three legs were equally divided at the inferior part of one body like a three-legged stool, and what we would take for the hind leg was one femor and it divided into two legs from the knee down, and had two well-developed feet, the toes fronting from the back of the other two legs, and feet in opposite direction, with anus in the center of the lower portion of the body, and no sex. The arms came out of the shoulders equally, being natural except the arm on one spine had two thumbs and four fingers. Both heads were well developed, with natural necks, both looking forward, where both the cervical vertebra came together into the first dorsal and formed one spine the balance of the way to about the last lumbar on first and second sacral, where it ended in an acetabulum. This monstrosity weighed fifteen pounds, and was of no sex.

Reader, you may imagine the difficulty in taking this child through an ordinary sized pubis. The perineum was ruptured within one-fourth of an inch of the anus, as both heads had to come together, the mother of course being under the influence of chloroform. Up to date the mother is doing well. The monstrosity was not obtained by any of the attending physicians as far as I know.

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THE Fluid Extract of Tomato is highly recommended in nursing sore mouth and cancrum oris.

### Book Notices.

**Manual of Gynecology.** By D. BERRY HART, M. D., F. R. C. P. E., and A. H. BARBOUR, M. A. B. Sc. M. B. Vol. I, with 8 plates and 192 cuts, 8vo., cloth; 314 pages. Wm. Wood & Co., New York.

This is the initial volume of *Wood's Library of Standard Medical Authors* for 1883. In appearance and make-up it is an improvement over the *Library* for the past year, and reaches a high mark as a sample of elegant book-making. The volume is certainly proof that the efforts of the publishers in the past have been duly appreciated and have incited them to still greater efforts for the future. The quality of the paper is superior to that employed in previous series, and the binding is more substantial and durable. We are confident that the new series just begun will be heartily subscribed for by all who have taken the *Library* in the past, and will add to their already large subscription lists.

**A Manual of Gynecology.** By D. BERRY HART, M. D. F. R. C. P. E., AND A. H. BARBOUR, M. A. B. Sc. N. B. Vol. II: with one lithograph and 210 wood cuts. 8vo. Pages 366: with full index. Wm. Wood & Co., New York.

Under the notice of Vol. I., written for the last issue of this journal, but not printed for lack of space, we gave our attention to the external appearance of this work. It now remains to notice briefly the scope and character of its contents. It is essentially and in fact a manual, based, as claimed by the authors, on the anatomy, physiology and pathology of the pelvic organs, and as such treats in detail of all the minutiae of the entire subject. The anatomy of the parts, instruments, methods of examination, operations, and everything given with that regard for little things which is most desired by the general practitioner. The literature of each subject receives its full share of attention, and the bibliography is peculiarly full. With all the multiplicity of works on this subject we know of no single one which will satisfy the non-specialist as well as this one.

**Transactions of the Thirteenth Annual Session of the Medical Society of Virginia.** Held September 13, 14 and 15, 1882. With an index for volume 3 Richmond. J. W. Fergusson & Son, printers.

Dr. H. M. Taylor of Richmond makes an able report on

Drainage in Gunshot Wounds. The conclusions he arrives at are as follows:

1st. That primary adhesion is exceedingly exceptional in gunshot wounds.

2d. That suppuration, granulation and cicatrization are invariably combined in the process of repair.

3d. That extensive accumulation and burrowing of pus in a deep, narrow bullet track is to be expected and feared.

4th. That the deep, narrow, angular and frequently obliterated track does not afford proper drainage.

5th. That in such cases the principles of surgery applicable to other deep-seated suppurations must be applied.

6th. That position, incision, drainage tubes and the other means mentioned are of great importance in treating gunshot wounds.

7th. That by nature's efforts, analogy and reason, we are taught to think that their more frequent use will lead to better results in this class of injuries.

8th. That the danger incident to their use is far outweighed by the benefit which accrues.

The ex-President's Surgical Prize was awarded to the same gentleman for an essay on Recent Progress in Abdominal Surgery.

Dr. S. K. Jackson, of Norfolk, Va., reported some rare and interesting cases of hystero-epilepsy or hystero-catalepsy.

Dr. Bedford Brown, of Alexandria, read a valuable paper on the Pathology and Treatment of the Pneumonia of Early Infancy.

The following prescription, which was administered to an infant three weeks old suffering from a severe pneumonia of both lungs, and which recovered, outlines his treatment:

R	Lig. ammon. acetat,	2 drachms.
	Tr. belladonna,	12 drops.
	Tr. digitalis,	12 drops.
	Spts. ammon. aromat,	1½ drachms.
	Vini ipecac,	16 drops.
	Aquæ,	10 drachms.
	Syr. Acacia.	6 drachms. M

Teaspoonful every three hours. In connection with this, he ordered a warm mustard bath every four hours, followed with brisk friction with dry flannel. A few drops of brandy with each dose of the mixture, and small, dry cups over the dorsal portion of the chest.

There were several other papers presented of real merit, but lack of space forbids further notice.

**Transactions of the Medical Association of the State of Missouri—25th Annual Session.** Held at Hannibal, May 16, 17, 18, 1882. Paper, 220 pages.

The first impression on looking over this volume is that such a book deserves a cloth binding, and we hope, should this come to the notice of any member of the Publication Committee, that he will suggest it for the next volume.

The President's Address, by Dr. Willis P. King, of Sedalia, on Quacks and Quackery in Missouri, is a startling revelation, and should be used as an overwhelming argument before the Legislature of that State in favor of the establishment of a Medical Board of Examiners for the State. Two hundred and sixty-nine persons are known to be, or are suspected of producing abortions; 1,904 are considered by competent judges to be incompetent to practice medicine; 5,570 deaths occur annually in consequence of the neglect, ignorance and incompetence of these unworthy practitioners. Quacks collect nearly \$2,000,000 each year, for services which are for the most part valueless, and often extortionate. The address should be read by everybody. Among many interesting papers we have only space to mention a few. Railroad Surgery, by Dr. J. M. Trader, Sedalia; Vaginal Injections, by Dr. P. V. Schenck, St. Louis; Degeneration of the Thyroid Gland, by Dr. A. W. McAllister, Columbia; Neurathophobia, by Dr. C. H. Hughes, St. Louis; Idiopathic Sub-Acute Laryngitis, by Dr. W. C. Glasgow, St. Louis; Sulphate of Quinine, Its Use and Abuse, by Dr. G. M. Dewey, Keytesville, and Local Medical Organizations, by Dr. T. S. Norris.

*Pochet Therapeutics and Dose Book:* With Classification and Explanation of the Actions of Medicine; Minimum and Maximum doses in Troy weights, with their equivalents in the Metric weights; genitive end-

ings of all medicines and preparations given in italics; index of common and pharmaceutical names; index of diseases with appropriate remedies; tables of solubilities; illustrations and examples in prescription writing; poisons, their symptoms, antidotes and treatment; incompatibles and antagonists; useful hints to the prescriber, etc., etc., etc. BY MORSE B. STEWART, JR. Third Ed.; vest pocket size; cloth; 240 pages. In cloth \$1.00; Morocco \$1.50. G. D. Stewart & Co., Detroit, Mich.

*Naso-Antral Catarrh and Its Treatment.* By W. H. Daly, M. D., Pittsburgh, Pa. Reprinted from *Archives of Laryngology*, October, 1882.

*Addresses.* Delivered on the occasion of the dedication of Cooper Medical College Building. By Levi C. Lane, M. D., and Edward R. Taylor.

*The Therapeutic Value of Cephalic and Spinal Electrizations.* By C. H. Hughes, M. D.

*Rights of Insane.* By the same.

*Some New Experiments in Muscle Reading (thought reading.)* By G. M. Beard, M. D. Reprinted from the *Alienist and Neurologist*.

*Address in Surgery. Excisions of Portions of the Alimentary Canal Covered by Peritoneum.* By W. A. Byrd, M. D., Quincy, Ill. Reprinted from Transactions of the American Medical Association, 1882.

*Abdominal Section in the Treatment of Ulceration and Perforation of the Cæcum and the Appendix Vermiformis.* By Wm. A. Byrd, M. D., Quincy, Ill. Reprinted from Transactions of the American Medical Association, 1881.

*Civilization Not the Cause of Tooth Decay.* An Essay. By John J. R. Patrick, D. D. S., Belleville, Ill. Read before the Illinois State Dental Society at Quincy, May 10, 1882. Reprint from the Society's Transaction.

*Quarterly Compendium of Medical Science, January, 1883.* Edited by D. G. Brinton, M. D., and Joseph F. Edwards M. D. This is the well known *Compendium of Medical Science*, published as a quarterly, instead of half-yearly, as heretofore. The excellence of the publication needs no commendation at our hands. Price 2.50 a year.

*Suicides in New York City During the Eleven Years, Ending Dec. 31st, 1880.* By J. T. Nagle, M. D. Read before the American Public Health Association at Savannah, Ga., 1881.

*The Sanitarian.* Devoted to the Preservation of Health, Mental and Physical Culture. Dr. A. N. Bell, Editor. \$4.00 a year. This publication stands at the head of the Scientific Sanitary Journals of the Country, and should be read by all interested (and who are not ?) in this subject.

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### **Periscope.**

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#### **A Brief Treatise on Therapeutics.**

##### **ASSIMILATION AND EXCRETION.**

It is very important for success in treatment that the student have some good broad views as to assimilation and excretion, for, after all, sound physiological knowledge is the basis of the practice of physic. Let us consider digestion first. Digestion is essentially a process of solution. Our food is stored up in insoluble forms, else a steady rain might imperil much of animal life. Starch, then, is converted into sugar by a process of hydration (that is, the adding of a molecule of water) under the influence of the ferments of the saliva. This sugar, being soluble, is absorbed from the alimentary canal into the blood, and then reconverted back in the liver into glycogen, or animal starch, by the removal of a molecule of water. This glycogen is given off as required into the blood as sugar, and is burnt by oxidation, and is largely the fuel-food of the body.

Then the tissue-feed, which is albuminous, whether as albumen, fibrin, casein, or legumen, is digested by the gastric juice with its ferment, pepsin, and is also dissolved by a process of hydration, in which the highly insoluble "protied" is converted into highly soluble "peptone," which readily passes through the wall of the alimentary canal into the blood. Here it is again passed back into a "protied" by the removal of a molecule of water; without such change the peptone would as easily escape out of the blood as it passed into it. From these albuminoids the tissues are made in growth, and repaired in adult life.

Fat is saponified to some extent by the bile, emulsionised

by the secretion of the pancreas, so that it is taken up by the lacteals of the intestinal villi, and thus is brought into the system. Fat is not only fuel-food, but is essential to the formation of healthy tissues.

But for solution "disintegration" is essential. Before either starch or albuminoids can be dissolved by hydration, they must be finely divided or disintegrated. For this end our teeth are provided. The food taken into the mouth is masticated and rolled about in the mouth by the tongue, and mixed with saliva, so that the starch is converted into sugar. This action of the saliva ferment, or diastase, is arrested as soon as the contents of the stomach become acid. Can we do anything to aid this part of the digestive act when imperfect? Sialogogues, or agents which increase the flow of saliva, are not a very important class of therapeutic agents. All tasty or sapid substances excite a flow of saliva, but the medicinal sialogogues are not many. Pel-litory, jaborandi, and mercury are all sialogogues, but are not used as such to excite the flow of saliva for the conversion of starch into sugar. For this end we use artificial diastase, or maltine, produced in malting barley. This ferment, diastase, converts the starch into sugar. And is now largely used in the feeding of delicate children. It should be added to the milk and gruel before it is taken into the mouth, not given after a meal, to be at once killed by the acid contents of the stomach.

Then as to the digestion of albuminoids. Such forms of albuminoid matter as fall readily to pieces in the stomach, are more digestible than those which are disintegrated with difficulty. Thus, loosely-fibred fish, as whiting, is much more digestible than close-fibred beef-steak. Where there is much pain produced by the digestive act, the food, when solid, should be such that it is readily disintegrated. Pastry and closely-fibred meat should be eschewed. False teeth, if necessary, patience in the act of mastication, and properly selected food, are the means by which we seek to furnish relief when the mechanical obstruction to the digestive act is the source of trouble.

Then as to the solution of albuminoids. We do not always attempt to directly stimulate the secretion of gastric juice, though many agents will affect that secretion, but now commonly use pepsin procured artificially from the calf or pig. But we may combine these measures. The agents which increase the flow of gastric juice are called *stomachics*. They increase the vascularity of the stomach and stimulate the flow of gastric juice. Such agents we possess in alcohol and arsenic, each of which produces in-

inflammation of the stomach in toxic doses. Ipecacuan produces this vascularity in small doses, but excites vomiting in large doses. An old dinner pill ran :

Pulv. ipecacuan,	1 grain.
Ext. cinchonæ,	1 grain.
Pil. al. et myrrh,	2 grains.

Ringer tells you that an alkali will stimulate an acid secreting surface, consequently alkalies may be given before meals, thus :

Pot. bicarb,	6 grains.
Fowler's sol,	1 minim.
Inf. gentian,	1 ounce.

Here there is combined the alkali with arsenic in a bitter vehicle.

#### BITTERS.

We do not know the action of bitters, but we know well empirically that bitters increase the appetite and improve the digestion. Those containing tannin, as gentian, chiretta, or chinchona, etc., should not be given along with iron, as they form a tannate of iron (ink). Quassia is the bitter to give with iron. Quinine is to be used with iron. and not cinchona.

Then as to the use of artificial pepsin, which can now be procured in various forms. Given immediately after food, pepsin preparations add considerably to the solution of albuminoids when the gastric juice is defective in quantity or in solvent qualities. Such, then, are the means by which we effect the digestion of albuminoids.

Then as to fat. Fat, in the forms of fat, oil, and butter, is not acted upon by the saliva, nor yet by the gastric juice. When the contents of the stomach are thrust through the pyloric ring into the gut, they come in contact with the bile, and the bile acids saponify the fat. Oil will not run through filter paper, but when that filter paper has been moistened with bile, then the oil passes through the paper readily. A process of sub-division equal to disintegration goes on with fat before the pancreatic secretion emulsifies it, so that it can be taken up by the lacteals. Can we do anything to aid this digestion of fats when defective ? We can, by seeing that the fat is in a state of fine sub-division before it is eaten. Thus, butter well rubbed into stale bread, cut thin, is much more readily digestible than when spread in a thick layer, a fact never to be forgotten when delicate children are to be dealt with. Then fats vary in digestibility. Cod-liver oil is the most digestible of all fats, and can often be assimilated when the digestive powers are unable to digest other fats. Then come cream or butter, or

pig fat ; solid mutton or beef suet requiring the strongest digestive powers. Agents which increase the flow of bile, as ipecacuan, or sulphate of soda, aid materially in the assimilation of fat ; the first may be given in pill as above, the other added to the patient's bitter mixture in half drachm doses.

Sol. sulphat,	$\frac{1}{2}$ drachm.
Ac. N. mur. dil,	6 minims.
Inf. gent,	1 ounce.

will often be found a useful combination in simple loss of appetite with impaired digestive power. We can also stimulate the pancreas by the administration of sulphuric ether. The pancreatic secretion not only emulsionises fats, but, in an alkaline medium digests albuminoids, and converts starch into sugar. Consequently we give artificial pancreatic preparations at the end of the digestive act, to aid the defective action of pancreas, when indicated.

#### ARTIFICIAL DIGESTION.

The digestion of food out of the body is now readily attained by the use of preparations of the pancreas of the pig. Milk and water, or milk-gruel, can be digested by pancreatic solutions in the proportion of one pint to a teaspoonful of *liquor pancreaticus* (William Roberts), and ten grains of bicarbonate of soda (in solution). Raised to a temperature not exceeding 150 degrees Fahrenheit, the nearer this the better, and put under a "cosey" for an hour, digestion is then nearly complete. Such artificially digested food is indicated in typhoid fever, gastric catarrh, gastric ulcer and cancer, and in all conditions of acute debility, especially when curd from plain milk, is found in the stools.

Then assimilation can never be properly carried on if the bowels are loaded. Consequently always attend to the bowels. Keep them open by laxative pills as Pil. Col. Co. at bedtime, and, if necessary, a seidlitz powder, purgative waters, Carlsbad salts, or, better still, sulphate of soda and Rochelle salts (Sod. Pot. Tart.) combined in a warm bitter solution. In delicate persons, in all elderly persons, and in women at the change of life, care must be taken to see that the laxative does not gripe, and this may be done by adding a carminate, as Pulv. Piperis Nig. 2 gr., to the Pil. Col. Co. 2 gr.; or tincture of ginger to the morning mixture. A glass of cold water first thing in the morning will often suffice to regulate the bowels. Hyoscyamus is often added to the night pill to relieve griping (1 gr.)—*Dr. Fothergill in Leonard's Illustrated Monthly.*

**The Value of Cannabis Indica in Checking Epistaxis.**

Dr. W. G. Maxwell, of Still Pond, Md., sends the following communication: "The recent attack of epistaxis from which Governor Hamilton (of this State) suffered prompts me to call the attention of the medical profession to the above-named drug, which has acted like magic in checking epistaxis during the seven years I have been using it.

I have had nine cases of profuse epistaxis (where plugging the nares seemed to be the only alternative) that were checked by Indian Hemp in from three to twenty minutes. Nor was there a recurrence of hemorrhage in a single case.

I have prescribed it for a number of other persons subject to bleeding at the nose, who derived the same benefit from it.

I use the tincture in ten to twenty drop doses, repeated every five to ten minutes. The largest quantity given was fifty drops in three doses, to a gentleman who had been bleeding ten hours; the hemorrhage ceased in twenty minutes after the first dose was administered.

The Cannabis Indica was used alone in these cases, there being no other internal or local treatment.

**Recent Progress in Dermatology.**

*Warts and corns* are so frequently a source of discomfort or pain to those unfortunate enough to possess them that any remedy which promises to remove them, short of the knife, caustic, or actual cautery will doubtless be warmly welcomed by the profession. At the last meeting of the American Dermatological Association (*Med. Chronicle*, October, 1882), Dr. Jas. C. White gave an account of a very successful experience with the following remedy:

R	Acidi salicylici,	$\frac{1}{2}$ drachm.
	Ext. cannabis,	10 grains.
	Collodii,	1 ounce.

This is painted on the corn or wart in successive coats at short intervals until three or four layers are applied. The next day the growth can be easily scraped off. The reporter has tried this in several cases of corns with good effect. Care should be taken not to make the application to the sound skin, as it sometimes causes an unpleasant degree of irritation.

Una (*Monatshefte f. prakt. Dermatologie*, May, 1882), speaks highly of the value of the application of an *arseniated mercurial plaster* in destroying warts. This is applied continuously, and, in a few days, the growths become flat-

tened, yellowish white in color, and in the course of a week or two disappear entirely. No sloughing of the warts takes place, but they undergo gradual absorption. The application used by Unna contains from five to ten per cent. of arsenic. The combination may be made as follows :

R	Acidi arseniosi,	12.24 grains.	
	Ungt hydrargyri,	$\frac{1}{2}$ ounce.	M
ft. Ungt.			

This is to be spread on muslin or adhesive plaster and applied to the parts containing the warts. It should be kept applied constantly, or at least at night. It would be well, however, in using this to guard against absorption of mercury.

*The treatment of Alopecia Areata* is generally very unsatisfactory. Vidal and Fournier apply vesicating plaster every two or three days on the bald spots. After two or three applications, it is said the disease does not progress. The vesication is kept up until strong hairs begin growing. When this point has been attained, tincture of cantharides is rubbed into the patches twice daily with a stiff brush. If the region of the beard is affected, daily shaving should be practiced in addition to the cantharidal applications.

Michelson, who refers to the above method, gives his own practice in these cases. He used salt-water baths (5 per cent. common salt in the bath), of a temperature of 95 and 97 degs. F. The baths are taken three times a week, the patient remaining in the bath for twenty-five minutes. While in the bath, the diseased patches are rubbed with a flannel rag dipped into the salt solution. Twice a week the faradic current is passed through the affected skin, using the electric brush as electrode. The sittings last ten minutes. On those days on which no days are taken the diseased patches are to be rubbed with a somewhat stronger salt solution. Good food, and, if necessary, tonics are to be given in addition.

*Pruritus ani* is one of the most troublesome of the minor affections that sometimes annoy people. According to Dr. N. L. Folsom (*Mich. Med. News*, Oct. 25, 1882), the essence of peppermint, repeated as often as necessary, gives relief when applied directly to the part. He also advises an ointment of alum, and bathing the parts with cold water on retiring for the night.

*Epithelial cancer* of the skin has been successfully treated by Dr. W. A. Collins (*Cin. Lancet and Clinic*), July 15, 1883), according to the following plan : Ergot ground to an impalpable powder was applied thickly to the ulcer three times a day, the ulcer being thoroughly washed once

daily. The powder was applied dry. After each application the ulcer was covered with a muslin rag wet with the following lotion :

R	Acidi carbolici,	1	drachm.	
	Acidi sulphurosi,	4	drachms.	
	Glycerini,	1	ounce.	
	Aquæ,	2½	ounces.	M

Sig. Lotion.

Quinine, iron, cod-liver oil, and other roborant remedies, were also given.

*In rhus poisoning*, the itching and burning are markedly relieved, according to Hardaway (*St. Louis Courier of Medicine*), by a solution of sulphate of zinc, half an ounce in a pint of water, to be applied every hour during the day, and several times during the night. In some cases the eruption is aborted in two days. In no case has he found it necessary to continue this treatment beyond four or five days.

*Superficial exfoliation of the tongue* has recently received considerable attention, especially from Fairlie Clarke, Caspary, Unna, Parrot and Gautier. The results of these researches are summarized in the *Monatshefte fuer Praktische Dermatologie*, Nos. 2 and 7, 1882. The clearest description is given by Clarke, the latest writer on the subject, in the following words: "A circumscribed patch of the lingual epithelium assumes a white, opaque appearance, as if it had been pointed over with a solution of nitrate of silver. The details of the papillary structure are lost, and the area is merely mapped out with a few delicate ramifying grooves. This appearance is due to a slight accumulation of the epithelium, which becomes infiltrated and matted together into a smooth and almost uniform surface. The cause of it, no doubt, is a slight inflammation in the deeper layers of the mucous membrane, which interferes with the vitality of the epithelium. After the lapse of a day or two, the epithelium is detached from the subjacent mucosa, and is thrown off, either in the form of minute particles or of larger scales. If appropriate treatment is adopted, or even, I believe, without any treatment at all (at least in the earliest stages of the disease), the epithelium is speedily restored; so that it may be difficult to tell where the exfoliation was situated. But ere long another patch turns white and opaque, and goes through the same series of changes; and thus the disease progresses. The exposed mucous membrane looks raw and of a deep red color, and the surface is slightly swollen. The inflammation in the deeper part of the mucosa seems to begin in a point, and

thence to spread in somewhat of a circular form, for the patches of the epithelial layer which are thrown off are very frequently of a round or oval shape. I have seen tongues in which this had gone on to such an extent that the whole surface was mapped out in patches, more or less circular, leaving slender bands of epithelium between them. Such tongues have a generally red, raw look, and the bands of sound epithelium stand up from them with remarkable distinctness. After this patchy exfoliation has gone on for some time, it encroaches more and more upon the healthy epithelium, till at length the tongue is quite denuded, and the whole surface has an uniformly red appearance, with crescentic markings or depressions upon it."

The affection so graphically described, Clark believes to depend upon inflammation affecting first the deeper layers of the mucosa, and secondarily impairing the vitality of the epithelium. This inflammation he believes to be "the outcome of some constitutional irritation," which may be dyspeptic, gouty, or syphilitic.

The treatment consists in the removal of any constitutional cause that may exist; locally, the tongue should be carefully dried and lightly touched with the solid nitrate of silver, or painted with a solution of the same.

The prognosis, when the disease is advanced, is unfavorable. "Neither local nor constitutional remedies produce any effect, and in many instances there is this further difficulty to contend with—an irritable digestion has given rise to an exfoliated tongue, and an exfoliated tongue aggravated the irritable digestion. Thus the disease progresses in a circle, and progresses continuously."

[The writer is unwilling to concur in this unfavorable prognosis of Mr. Clarke. In a case of considerable persistency and extent recently under treatment, the tongue assumed a healthy appearance after the administration for several weeks of the dilute nitro-muriatic acid in fifteen-drop doses thrice daily. Whether the disease has returned is unknown, as the patient has since removed from the city. The patient was a persistent smoker, and suffered, when he first came under treatment, from malarial fever contracted in the South. Restriction in the quantity of tobacco used, large doses of quinine, and the nitro-muriatic acid, resulted in a complete cure, temporary at all events.]—*G. H. Rohe, M. D., in Med. Chronicle.*

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#### The Proper Use of Ergot in Obstetrics.

Dr. Joseph Taber, of Washington, D. C., read the following paper on this subject at the last meeting of the

American Gynecological Association, which we take from the *Boston Med. and Surg. Jour.* :

The writer enumerated some of the many indications which from time to time since the introduction of this drug into obstetric practice by Dr. Stearns had been believed to exist for its use, as to hasten slow pains in first and second stage, to bring on labor, for threatened abortion, placenta prævia, etc. The action of the drug on the uterus was described as a persistent tonic contraction, finally becoming tetanic. All the fibres are equally contracted, whereas in a normal labor there is a repeated shortening and lengthening of the long fibres, while the circular ones are relaxed over the presenting part. If by chance the child is expelled under ergot it is because, everything being in readiness, the fundal muscles have contracted a little the first. The contraction under ergot lasts for hours, and the child is compressed equally on all sides. Not only is the placental circulation, which ought to go on in the intervals of the pains, checked, but a strong pressure is brought to bear on the head and chest of the child, which by its continuousness may be fatal. Again, it is the intermittency of the contractions which prepares the passages for the transit of the child, and if they are not so prepared various ill effects, from a minute fistula to an extensive sphacelus, may result—these results being due more to continuity of pressure than to length of time. Moreover, the sudden expulsion of the foetus through unrelaxed passages may cause all sorts of rupture from that of the uterus to that of the perinæum. Ergot is uncertain in its action, and may affect any part of the uterus solely, sometimes causing the hour-glass constriction.

To illustrate the large number of still-births ascribable to this agency, three cases were detailed, in each of which ergot was exhibited to dilate the cervix on the failure of uterine pains, from sixteen to twenty hours after the beginning of labor. In each case the child was known to have been alive at the beginning of labor, but all were still-born, and one had a bright red band, evidently due to restriction, about the head.

Various authorities were cited among those who first sounded the note of alarm regarding ergot. In 1850 the Academy of Medicine of Paris appointed a commission, who reported the danger from compression and narcotism. In accordance with this report, three years later the Academy voted against its use, except in miscarriage, hemorrhage, etc. Subsequently Chapman showed that an "ergot-pain" was fatal to half the children if continued an hour. Thanks

to present medical instruction the administration of ergot to dilate the os is rather among educated physicians, but the large number of still-births reported by midwives, and the fact that they all carry their ergot bottle in their pocket, shows that much damage is done by this class of accoucheurs. The writer thought that a few indictments for infanticide might have a salutary effect on these persons. The use of ergot was discussed and condemned in abortion with retained placenta, when it acted mischievously by locking up the secundines. As a routine treatment against post-partum hemorrhage it is unreliable, taking from fifteen to thirty minutes to act; moreover, it often causes vomiting, and if the patient is weakened by hemorrhage it is not absorbed even if retained. Subcutaneous injection is the only method of administration which is reliable. In threatened abortion and accidental hemorrhage ergot is useless. With primipæ it is dangerous. If dilatation is complete in a multipara, the soft parts relaxed, there is no obstruction to the birth, and the attendant is sure that a few more pains are all that is wanted, he may give it cautiously, with the understanding that if the birth does not occur in a half hour the forceps shall be used. With this rare exception ergot should never be employed unless the uterus be empty. Viewing the use of ergot as a whole, the reader thought the race would be better off without it altogether.

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#### Pneumonia in Children.

The *Med. Press and Circular* says that: M. Jules Simon, of the Enfants Malades Hospital, gives the following distinctive characters of pneumonia and pleurisy in children: Pneumonia commences by a rigor, by vomiting, convulsions, and a violent fever. There is no pain in the side; the respiration is quickened, sometimes reaching 60 in the minute. There is a sort of tickling sensation in the throat, which makes the little patient cough incessantly, a little dry cough. During the first forty-eight hours the physical signs furnished by auscultation and percussion are *nil*, or nearly so. The only thing auscultation discovers in the first two days, is the absence of the respiratory murmur, and apnoea more or less pronounced. In pleurisy, on the other hand, there is no violent fever, no vomiting, no convulsions; so that often acute pleurisy remains entirely unsuspected by the parents. They take the malady for a simple cold, and at the end of seven or eight days the child is taken up. It is thus parents bring their children to the consulting room, little imagining the existence of a pleural effu-

sion. However, there is a sign that is not observed in pneumonia, and that is, pain which is not situated beneath the breast, as in the adult, but from some inexplicable cause, in the flank of the side affected.

It is not an intercostal neuralgia, as in the pleurisy of the adult, a pain radiating in some of the nerve filaments of the abdominal wall. In the child attacked with pleurisy there is but slight fever; he sleeps badly, the appetite is diminished, and he complains of a pain in the abdomen, a pain which should immediately direct the attention of the medical man to the probability of the existence of pleurisy. The respiration is but very slightly accelerated, and the cough a little dry, does not present any particular features. Twelve or twenty-four hours afterwards percussion will reveal the existence of dullness, and a certain *bruit de frottement* will be heard by auscultation. The apnoea will be observed to be more or less complete, and when the child cries a veritable broncho-ægophony will be perceived. The general condition of the child is so little changed that in most cases he can get up and go about as usual. As to the treatment of this last affection, M. Simon recommends dry cupping at the beginning and poultices. The next day or the following small blisters, left on for three or four hours and, when taken off, another poultice applied and left on for an hour, when the blisters will have arisen and can be dressed. This revulsive treatment should be continued throughout the whole duration of the disease. As mixture he prescribes the following;—Tinct. scillæ, tinct. digitalis of each ten drops; syrup, one ounce; gum water, three ounces. A teaspoonful every two hours. The digitalis and the squills should be suppressed after four or five days. Milk should be freely given, as it acts as a good diuretic.

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#### Bismuth in Dyspepsia of Children.

E. W. Dunbar, M. D., in the *Practitioner*, for September, 1882, says: Loss of appetite in children with pain after eating, nausea, and depression, if accompanied by a tongue either clean or slightly coated, but showing redness and enlargement of the papillæ fungiformes, is quickly relieved by administration of bismuth, either in the form of the solution of the subnitrate or of the solution of the oxide in ammonia and citric acid, as discovered and prepared by Mr. Schacht. The dyspepsia, which is characterized by the described appearance of the tongue, is produced by indigestible food. If the tongue is coated, the dyspepsia is recent, and it is chronic and of some duration if the tongue

is clean—loss of appetite and consequent diminution in the amount of food taken having given opportunity for the tongue to clean.

The digestion of children being easily disturbed, this form of dyspepsia may very frequently be observed among them. It is often necessary to persist in the use of bismuth for several weeks before the papillæ fungiformes resume their normal appearance and a lasting cure is effected, although improvement stops itself quickly in the appetite and returning liveliness and cheerfulness of the little patient. The action of the bowels is, as a rule, markedly improved and more regular, especially if the liquor bismuthi is used; exceptionally, the bowels are rendered more constipated, and it is necessary to give a mild aperient occasionally.

While testing the accuracy of the described indication for the use of bismuth, I prescribed it, owing to the state of the tongue, in the case of a child who had an obdurate cough that had resisted all the usual remedies for subduing irritation of the larynx. The cough ceased with the improvement which quickly preceded the dyspeptic symptoms. The dullness and languor produced by this form of dyspepsia in children may easily be mistaken, especially if the tongue is clean, for weakness and a condition requiring tannic treatment. The marked distaste for food and the characteristic tongue point to the true nature of the ailment.

The dose of liquid bismuthi varies from two minims under one year of age to three, five, ten, fifteen and twenty minims up to twelve years of age; the dose is to be repeated twice or four times a day according to the severity of the symptoms. The remedy seems to be most effectual when taken after meals. The subnitrate may be given in doses of one-half grain up to two, three and five grains.

Bismuth is quite ineffectual in the dyspepsia of children where the tongue is smooth, clean, and shows no enlargement or redness of the papillæ fungiformes.

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#### **Treatment of Puerperal Mastitis by Iodide of Lead Ointment.**

In the *American Journal of Obstetrics*, Dr. Thomas T. Grant expresses his disappointment at the ill success of belladonna in checking the secretion of milk, but reports good effects from iodide of lead. He says:

“The breast being thoroughly dried and carefully cleansed, we smear its surface with the officinal ointment of the iodide of lead, and then gently rub it in until a con-

siderable quantity is absorbed: Soak a piece of sheet-lint, of a size sufficient to cover the breast, in the following solution: Acetate of lead, from 2 drachms to  $\frac{1}{2}$  ounce to the pint, of one to four solution of alcohol. If we desire a more elegant preparation, eau de cologne may be substituted. If there be much pain it is often well to apply an ice-bladder upon the sheet-lint covering the breast. The lint should be frequently dipped in the lead lotion. The following phenomena will present themselves: First, a cessation of pain, fullness and uneasy feeling of distention, which is so annoying. It is common for the patient, who has been exhausted by pain and consequent loss of sleep, to fall into a refreshing slumber even after the application is made. In the course of three or four hours the breast may be completely emptied by an experienced hand. The ointment should be used as a lubricant during the manipulation. By applying the iodide freely twice or thrice, daily, the secretion will be gone in less than one week, as a rule. The pivotal point in the treatment is the use of this ointment; the evaporating cold being only adjuncts. I have proved by repeated trials that, when applied alone, it is capable of exerting an absolute control over the secretion. I believe we here invoke a specific action from the lead iodide. A point of considerable moment is the partial anæsthesia it is capable of inducing, which thus enables us to empty the glands, where before, even slight pressure was badly borne. Its action, without doubt, extends to the epithelial cells and inhibits their secretory activity, as is seen in its action, in cases like the above, in causing the drying up of the secretions."—*Boston Med. and Surg. Journal*, Jan. 18, 1883.

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#### **Treatment of Amenorrhea by Permanganate of Potash.**

Dr. Sydney Ringer and Dr. William Murrell, of London, in the *Lancet*, say: We are desirous of calling attention to the value of a very simple remedy in a very common complaint. Our observations have extended over a period of thirteen months, and we have notes of sixty-nine cases. We have used the permanganate in two forms, first, the pharmacopeial solution, and secondly, the permanganate, made into pills, each containing either one or two grains. Generally we begin with a grain three times, and then gradually increase the dose to two grains four times a day. Our most striking results have been obtained with the larger doses; a large dose sometimes succeeding admirably after the failure of a small one. Before commencing treatment we inquire carefully into the menstrual his-

tory of the patient, and as a rule give the remedy only for the three or four days immediately preceding the expected period ; but should it fail to produce the desired effect we direct the patient to continue steadily taking it, and in some cases it has been taken continuously for nearly three months. In our experimental observations we have given the one drug only and have done nothing in the way of accessory treatment. Our most striking results have been obtained in young women between the ages of eighteen and twenty-five, who from some accidental or trivial cause, have "missed" once or twice after having been regular. The administration of one or two grains of permanganate of potash in pill three or four times a day for a few days before the time of the expected period will bring on the flow almost to a certainty. In some instances the periods were brought on after the patient had ceased menstruating for over a year. In the case of country girls who have "seen nothing" for a month or two after coming to town the treatment has answered admirably. Often enough patients do not consult their doctor until they are "overdue," until the time for the expected period has passed by for some days. Even then the prompt administration of permanganate will often bring on the flow at once, but should it fail to do so the treatment ought to be continued, and the patient will probably menstruate normally at the next monthly time. Generally our efforts are not crowned with success until the medicine has been taken for at least three or four days, but in some instances the permanganate acted with striking rapidity, the menstrual flow making its appearance after only two or three doses had been taken. It is not necessary to discontinue the treatment on the appearance of the menses ; in fact we generally tell the patient to continue taking the pills three or four days longer, finding that it facilitates the flow. The permanganate often succeeds well after the failure of other remedies, such as iron, aloes, nux vomica, strychnia, pulsatilla, nitro-glycerine, and hot mustard baths. Sometimes, however, it is necessary to give it for six weeks, or even longer, before the desired result is obtained. In those cases where the patient has menstruated only once or twice, and has then entirely ceased for some months, our treatment answers well ; the menstrual function is re-established, and thenceforth proceeds normally at every successive monthly period. In some cases there was no actual amenorrhea, but the flow was scanty, lasting perhaps only a single day, or it may be only a few hours. Here the administration of the perman-

ganate prolonged the flow, and even in some instances when it had ceased, brought it on again.

It is not only in the case of young women that manganese is so useful, it succeeds almost equally well with women between thirty-five and forty, who, as the result of many pregnancies and much suckling, have ceased to be regular. Here, for example, is a typical case. A married woman came to us complaining that she was never regular. She had had nine children in as many years, and rarely saw any thing more than once between her pregnancies. She had been suckling for eight months, and had not been poorly for seventeen months—the nine months she had carried and the eight months she had suckled. She was not in the family-way, but said she expected she would be soon if she weaned the baby. She did not know when she ought to be poorly, and had given up all expectation of seeing any thing. She was ordered to one-grain permanganate of potash pills four times a day, and came on poorly a fortnight after, the first time for seventeen months.

We need hardly say that before treating the amenorrhea care should be taken to see that the patient is not pregnant, although we are satisfied that the permanganate given in the dose we recommend has no power to produce abortion, either in the early or late stages of pregnancy. We find that manganese fails to induce the flow when the amenorrhea is due to advanced phthisis. But in some cases of arrested phthisis the treatment was successful, and the patient, after a time, under the influence of permanganate, menstruated freely and at regular intervals. In several instances patients informed us that the pills had proved of value in curing "whites" of long standing. As a rule the permanganate is taken without difficulty, but patients much prefer the pills to the solution. The solution is peculiarly disagreeable to take, and in some case produces nausea and even vomiting. Patients frequently complained after taking the pills of a heavy and persistent pain over the upper part of the sternum, "as if something had stuck there and would not go down." This was not due to the drug being given in the form of a pill, for the same complaint was made when the same dose was given in solution. One patient said the pain was of a burning character, and another said it was like heartburn.

That the effects we have described are due to the manganese, and not to the potash in the salt, is shown by the fact that manganate of soda and binocide of manganese are equally efficacious in the treatment of amenorrhea. The manganate of soda was given in two-grain pills, two four

times a day. It may be thought that the manganese acts by improving the condition of the blood, but this is not the case. The treatment succeeds equally well in the plethoric and in the anemic. Given in cases of chlorosis, the permanganate not infrequently brings on the period without in any way improving the anemia.

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#### **Tubercle Bacillus and Phthisis.**

Dr. T. Henry Green, Physician to Charing Cross Hospital and Senior-Assistant Physician to the Hospital for Consumption and Diseases of the Chest, Brompton, in concluding a lecture on the relation of this micro-organism to phthisis, observes, with regard to treatment: "What is the practical teaching of Koch's discovery with reference to the prevention and cure of phthisis? If our pathological conclusions be even only partially true, they clearly indicate, I think, the necessity of carefully distinguishing between the bacillus and the conditions which favor its influence, and of directing our treatment to both. We must endeavor to prevent the access of the organism, and, if possible, to destroy it after it has affected an entrance; and we must also strive to maintain a healthy condition of the pulmonary tissues, and thus prevent the occurrence of that tendency to apical stagnation which appears to be such an important, if not essential, factor in the disease. The latter of these indications is, I believe, as important as the former; and it is, perhaps, rather in danger of being lost sight of in the very natural eagerness with which attention is now being directed towards the bacillus.

"Firstly, then, with regard to the condition of the lung which favors the influence of the bacillus. Here it is only necessary to remark that, whatever promotes a vigorous state of health will, by improving the condition of the blood, the nutrition of the vessels, activity of the circulation, and exercise of the respiratory function, tend to prevent that stagnation and transudation in the highest portions of the lungs, the etiological importance of which we have so especially insisted upon. The value of treatment which has for its object the fulfillment of these indications in the prevention of phthisis it is, I believe difficult to over-estimate; and its usefulness is almost equally valuable when the disease is established. I cannot but think that, in the meantime, such treatment promises better results than any attempts to attack the specific organism. Secondly: the tubercle bacillus. The consideration of this naturally divides itself under two heads: (a) the prevention

of its access, and (b) attempts to destroy it when the disease is developed. (a) The prevention of the access of the bacillus. The present position of our knowledge appears to point to the desirability of adopting measures for the disinfection and destruction of the sputa of patients suffering phthisis; and perhaps, also of the alvine secretions, when there is any evidence of tuberculous disease of the bowel. It also raises the question as to how far it is desirable to allow individuals who are not consumptive, but who inherit a phthisical tendency, and especially when such individuals are out of health, to intimately associate with those who are suffering from the disease. If our pathology continues to move on the same lines, this subject may become one requiring the consideration of those who manage our hospitals. (b) The destruction of the bacillus after the disease is established. Attempts to do this are made principally by means of antiseptic inhalations. This is the fashionable, though perhaps somewhat misdirected, therapeutics of the day. A respirator charged with some antiseptic, such as creasote or carbolic acid, is now being largely used in the treatment of phthisis. Although I should be very sorry to unfairly criticise such treatment, I cannot but think that the evidence that its usefulness is in any way dependent upon its destruction of the bacilli, or of any infective substance which they originate, is wanting. It seems to me much more probable that such inhalations, when beneficial, are so mainly through the favorable influence which they exercise on the mucous membrane and secretion; and when, as is often the case, they are combined with chloroform, they will also act as direct sedatives. What we want are cases of early and progressive phthisis in which antiseptic treatment alone, without adjuncts, is followed by marked improvement. When it can shown, *e.g.*, that the pyrexia of early phthisis is reduced by such treatment, we shall have evidence pointing to the influence of the germicides upon the bacillus of considerable value. We are now making some observations in this direction, but, at present, with negative results. Whilst, therefore, I do not wish to be understood to discourage the treatment of phthisis by antiseptic inhalations, I think we must be careful as to the interpretation we put on their results. The treatment of phthisis and of other pulmonary diseases by means of medicated atmosphere has been greatly stimulated by Koch's discovery. Such treatment has undoubtedly been too much neglected in the past. But, in the meantime, I think we have no evidence that we are able by such means to influence the tubercle bacillus;

although, if Koch's investigations be true, the discovery of some agent which, by destroying it, will arrest its injurious influence, is obviously the greatest desideratum."—*British Medical Journal*.

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**Sulphate of Zinc as a Specific in Scarlet Fever.**

Whilst talking with Dr. C. S. Harris, a retired physician of this county some months since, he gave me the following account of his use of sulphate of zinc in scarlet fever :

He stated that whilst practicing medicine some years before, in another part of the State, he encountered an epidemic of this disease which was quite fatal ; that he had under his charge a patient, a little girl about eight years of age who was suffering from so violent an attack of this disease that he anticipated unfavorable termination ; that he had notified the relatives of his gloomy prognosis ; received from them a request that he would call in their old family physician from another part of the State who chanced to be in the neighborhood. This he gladly did. After visiting the patient, Dr. Harris remarked to the consulting physician "that case is bound to die ;" "I see no need for it," replies the other. "What," says Dr. Harris, "do you know any remedy which will counteract this disease ?" "I do," says the other, "if you will rub nine grains of zinc into a fine powder, divide it into powders, give one every third hour, and you will find her better to-morrow." Dr. Harris acted on this suggestion, but at his next visit was surprised at the improvement. The interval between the doses was lengthened to four hours, and the numbers finally reduced to three a day. Under this treatment the child rapidly recovered. Since this time the doctor has used this remedy he says, in numerous cases, and always with the happiest results. He has no theory as to action of the remedy ; but simply knows it cures. In no case he states has he seen it produce emesis or other unpleasant results.

On the 13th of April, 1882, I was called to see Lula McIntosh, a little girl four or five years of age, who had been taken sick the day before with high fever, headache, stupor and pain in the back and limbs. She presented at my first visit the following symptoms : From head to foot the most distinct and intense scarlatinous eruption presented itself. The tongue was heavily coated ; red and enlarged papillæ, showing through the white coat. The throat was redder than natural ; but was not sore—pulse, 160 : temperature,

104. There was no scarlet fever prevailing; but some relatives had arrived at the house from Tennessee some ten days before and it was thought they had introduced the disease. It certainly seemed to me to be scarlet fever in spite of the absence of the throat symptoms. I was desirous of trying Dr. Harris' remedy, but was afraid of the dose. I therefore ordered 1-18th of a grain of sulphate of zinc rubbed up with sugar to be given every three hours, and ordered her thoroughly greased.

On the 14th I requested Dr. J. B. S. Holmes to see the case with me. He also was of the opinion that it was scarlet fever. The child had improved very much. The eruption had almost entirely disappeared; the tongue had cleansed; looked like a piece of raw beef. Pulse was 101; temperature, 101 $\frac{1}{4}$ . The child felt well; had felt better she said after the second dose of medicine. She wanted food and wanted to get up.

On the 15th the child had still further improved—pulse, 128; temperature, 100.

On the 16th, pulse, 120; temperature, 98 $\frac{1}{4}$ .

On the 18th desquamation had commenced, and an epithelial coat was being formed on the tongue. The bowels had been acted on every day; no sickness had been produced. The medicine was gradually diminished after the 16th.

Scarlet fever is, at least of late years, so rare a disease in Georgia, that it may be a long time before I encounter another case in which to try the remedy. I therefore write this article based on a single case in order to request other physicians more likely to encounter the disease, to test the efficacy of sulphate of zinc in scarlet fever. If it is the specific which Dr. Harris claims for it, its value cannot be over-estimated.—*Nashville Journal of Medicine and Surgery*.

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#### Dialyzed Iron.

Dr. Prosser James has lately said, in a summary of the position which dialyzed iron is entitled to hold in medicine, that the persalts of iron are frequently employed solely on account of their astringency, while the protosalts are occasionally considered as being destitute of this quality. The freshly-prepared carbonate is an excellent mild chalybeate, but difficult to keep in an unaltered state, so that preference is given to reduced iron. The scale preparations of iron are held in repute, both from the extreme facility of their use, and their agreeable taste. When these three forms of iron are inadmissible, dialyzed iron may be resorted

to with admirable effect. It is a milder chalybeate than the three preceding and does not produce the slightest irritation.

A recent analysis of Professor Tichborne of Wyeth's preparation agrees almost exactly with Graham's statement, that dialyzed iron contains 98.5 parts of the oxide and 1.5 parts of hydrochloric acid. The liquid thus obtained differs altogether from an ordinary solution of salts of iron, by its not given rise to the blood-red color on the addition of alkaline sulphocyanide, nor to the blue precipitate with ferrocyanide of potassium. It does not become cloudy on boiling, nor when agitated with two parts of ether and one part of alcohol is the ether layer colored yellow. It is so sensitive that ordinary spring water will cause a precipitate, yet no precipitate is produced by nitric, acetic, or muriatic acid. Graham's solution gelatinized in about twenty days, and he regarded it as a solution of colloid ferric hydrate which, he considered, existed both in a soluble and insoluble form. It is, however, never free from chlorine. Theoretically, therefore, the liquid is a solution of a basic oxychloride, but it can never be imitated by dissolving saturated solutions of the hydrate. All these artificially-made liquors are astringent, with ferruginous taste and acid reaction.

Respecting the therapeutic value of dialyzed iron, of which there has lately been some inclination of doubt, Dr. James says there is no question. By the method now followed of counting blood-corpuscles, it is found that the taking of dialyzed iron both increases their number and improves their condition. Dr. James gives, as an average dose, twenty to fifty drops daily, in three doses. Dr. Weir Mitchell, of Philadelphia, gives as much as a drachm at a time.

Specimens have appeared in the market which are not only innocent of any acquaintance with a dialyzing membrane, but seem little else than diluted solution of perchloride of iron.—*From the London Chemist and Druggist.*

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#### Antiseptics in Phthisis.

Dr. William Porter, Physician to Throat and Lung Department, St. Luke's Hospital, St. Louis, thus summarizes :

Proven, it seems to me, are these two propositions :

1st. Phthisis is a specific disease from a specific cause.

2d. Phthisis may be produced by absorption of tuberculous matter in contact with the mucous membrane of the air passages or intestinal tract.

There is also evidence that the energy of this tuberculous matter is due to germ development and progression.

Hence the value of antiseptic influence in the treatment of phthisis, not only in the later stages during pus protection and obstruction, but also in the earlier process of infection.

One great demand is for that, which by local and internal use, may meet and destroy the septic agencies of disease. Such a remedy must be effective, unirritating and non-poisonous, susceptible of ready dilution and easy absorption, and withal inoffensive in odor and taste.

Carbolic acid and iodoform do not fully meet these requirements, and less harmful yet no less potent means of antagonizing contagion and putrefaction are finding favor.

The compound known as Listerine has, for nearly two years, served me better than any other remedy of its class, and, in the treatment of phthisis, has almost supplanted in my practice all other antiseptics. In treatment of diseases of the upper air passages it is pleasant and does not irritate; in the fermentative dyspepsia so often accompanying phthisis it is safe and efficient.

It is the most powerful non-toxic antiseptic I have yet found.—*Lancet and Clinic*.

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#### Extension in Sciatica.

Dr. M. Shoemaker has quite an interesting article in a recent number of the *Medical Record*, on the treatment of sciatica by extension with the weight and pulley.

A number of cases are mentioned in which the procedure gave prompt relief, and was, in the course of time, permanently curative. The method of procedure is to apply the weight and allow it to remain until the limb is thoroughly tired and the pain relieved. As soon as this has been accomplished, traction is ceased. The procedure is renewed as soon as the pain returns.

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#### Scared to Death.

A negro died in the Louisville City Hospital recently from superstitious terror, as the medical attendants believe. To be sure, his physical condition was not good; but he could have been cured, in their opinion, except for the conviction that he was about to die. He did not tell in what way his fate was revealed to him, but he was not to be convinced that it could be averted. After four days in the hospital, during which he was able to walk around, he announced that his time had come, and, lying down upon the floor, died almost instantly. "Scared to death" is the verdict of the doctors.—*Chicago Medical Record*.

**The American vs. the European Profession.**

In reading the foreign journals one cannot but be struck by the frequency with which he encounters reports of remarkable operations and clinical histories of peculiar phases of disease, as compared with similar reports in our own medical periodicals.

We have often reflected on this, and wondered at the cause.

The body of an American is formed on the same principles and subject to the same pathological and physiological laws as that of the European; it is but reasonable, then, to suppose that it would be affected by the same injurious agencies in the same morbid manner.

We have in this country a large number of persons, and a great army of physicians; the same diseased conditions must obtain, and the necessity for similar surgical procedures must exist.

Why, then, is it that in English journals we read of nephrotomy and nephrectomy, of gastrotomy and œsophagotomy, of removal of the larynx, and the like?

Why do we find reported cases of "acute traumatic malignancy;" why do we read lectures on "the pre-cancerous stage of cancer," and innumerable other odd and singular phases of diseased condition, evidencing, as they do, acute observation of facts, and accurate generalization from them?

Our profession, as a body, will compare favorably with that of any nation of the world. We have original thinkers, accurate observers, and broad generalizers. We are not any more conservative than our brethren of other countries.

Why, then, is it that we do not read in our journals similar cases to those reported in the medical press of England, for instance?

We imagine that the explanation is to be found in the fact that the physicians of this country do not thoroughly realize the importance of the medical press, and therefore do not cultivate it as they should.

This is one reason; this is why we do not read more practical clinical reports of unusual cases; and the unfortunate habit of looking to older countries for innovations in practice makes us hesitate to try new operations until their utility has been demonstrated for us.

There are some American physicians who write too much; but the great majority do not write enough.

Medical journals are the vehicles of interchange of thought and experience between the members of the pro-

fession; and a physician should make it a rule always to report every case that may occur in his practice in which any phenomena may present themselves that he does not find recorded in his text-books.

But he should be short and explicit. Many an otherwise good communication has been rendered worthless by being too *long-winded*, the valuable points have been smothered in a lot of trash.

When a man feels sure that he has something *new* to report, he should reflect how he can say what he has to say in as few words as possible. He will thus prepare an article that will be readable as well as valuable, and will not encroach unnecessarily on the limited space of a good journal.

Physicians should likewise cultivate the habit of independent thought and reasoning in their practice; and should not, as so many do, practice strictly according to the rules laid down in the books.

Short, practical communications are always of value, and the profession of our country should make it a rule to prepare them frequently.—*Med. and Surg. Reporter*.

#### The Wisdom Teeth and Deafness.

Robert T. Cooper, M. D., in the *Dublin Journal of Medical Science*, reports several cases where he believes that the deafness owed its origin in each patient to a tardy or otherwise abnormal eruption of the wisdom teeth. That the teeth are often the unsuspected cause of deafness, he infers, first, "from the intimate sympathy existing between the teeth and the ears, and the consequent very obvious prejudicial effect of infantile dentition upon these organs. And, secondly, from observing the number of cases of deafness met with that date their initiation from the period of life at which these teeth appear."—*Gaillard's Med. Jour.* June.

#### Cystitis.

Dr. Wm. H. Pancoast recently recommended at one of his clinics at the Jefferson Medical College the following mixture for an acute case of cystitis:

R Fl. ext. triticum repens.,	2 ounces.
Syr. orgeat,	2 ounces.

M. S. Two teaspoonfuls in water five or six times daily.—*Medical Bulletin*.

## Therapeutic Notes.

## VAGINITIS.

- R Acid tannic, 50 parts.  
Amyli, 150 parts.  
Ung. petrolei, 150 parts.

M. This ointment is placed in a sort of speculum, so arranged that the instrument can be forced out as the instrument is withdrawn from the vagina. If the vulva opening be large, a small tampon of cotton is used. Generally from half an ounce to twelve drachms of the unguent is sufficient at one application, and it need not be repeated for seven or eight days.

## CHILLS.

- R Quinia sulphate, 30 grains.  
Cichonidic sulph., 50 grains.  
Acid sulph., 10 minims.  
Liq. potas. arsen., 1 drachm.  
Ex. nucis vom. fl., 10 minims.  
Aqua q. s. ad., 4 ounces.

M. Fals. spoonful every four hours when the fever is off.

—*Pharm. and Chem.*

## WOLFEIN COUGH.

- R Potassii bromidi, 1½ drachm.  
Sodii bromidi, 1½ drachm.  
Ammon bromidi, 1½ drachm.  
Syr. chloral, 1½ ounce.  
Aqua, 2 ounces.

M. Sig. Dose, spoonful of the mixture in a glass of milk to which the yolk of an egg has been added, morning and evening. —*Med. Sum.*

## TO CORRECT THE ODOR OF THE LOCHIA AFTER CHILD-BIRTH.

- R Acid carbol. glacal, 1 ounce.  
Glycerinæ, 1 ounce.  
Aq. puræ, 8 ounces.

Sig. Tablespoonful in eight ounces of water twice a day as a vaginal injection. —*Med. Sum.*

## TO HARDEN THE NIPPLE.

- R Acid tannic, 4 drachms.  
Glycerine, 1 drachm.  
Aque ad., 2 drachms.

Sig. Apply. This actually tans the nipple. —*Southern Med. Record.*

## TO DISGUISE TASTE OF QUININE.

- R Fl. ex. yerba santa, 4 parts.  
Water, 8 parts.  
Powdered pumice, 1 part.  
Granulated sugar, 14 parts.

Mix the fluid extract with the water, evaporate to seven parts, shake with the pumice, allow to stand, decant, add

sufficient water to preserve the measure, then with heat dissolve the sugar. —*Indiana Pharmacist.*

## CHRONIC INTERMITTENTS.

After arresting the paroxysms, follow up with one of the following, to be taken at a month:

- R Quinia sulph., 1 drachm.  
Sol. arseni. potass., 1 drachm.  
Acid sulph. oil, 2 ounces.  
Syr. zingiberis, 2 ounces.

M. Sig. Tea-spoonful three times a day after meals.

Or this may be used:

- R Acid arsenioso, 4 grains.  
Stychnic sulph., 2 grains.  
Cinchoidic sulph., 1½ drachms.  
Ferri sulph. exsic., 1½ drachms.  
Mucos. ext. c. 1 scruple.

M. Fl. oil No. 90. Sig. One pill three times a day after meals. —*Vash. Med. Jour.*

## TASTELESS QUININE.

- R Quinia sulph., 2 scruples.  
Pulv. acacia, 2 scruples.  
Acid tannic, 3 grains.  
Syr. simplici, 2 ounces.

M. Sig. One half to one tea-spoonful every two hours to children, according to age. —*Id.*

NOTE.—As there would be over one grain of quinine to each dose of the above, the whole would be a larger quantity than necessary to break up the paroxysm. A better direction would be to give half of the above at the first and half on the third day. —*Id.*

## HAIR WASH.

- R Potassii iodide, }  
Pulv. sodii bicarbonat. } aa 1½ ounces,  
Aque ammon, }  
Tr. hyss. res. }  
Ol. rosemarini, 2 drachms.  
Ol. myristicæ, 2 ounces.  
Aq. colognensis, 4 pints.  
Ol. nardis, 1½ ounces.  
Aque, 8 pints. M

—*Med. Bul. cin.*

## TOOTHACHE PASTE.

- R Iodoform, 60 grains.  
Kaolin, 60 grains.  
Carbolic acid, 8 grains.  
Ol. peppermint, 10 drops.  
Glycerine, q. s. M

Apply to the exposed nerves.

# THE PEORIA MEDICAL MONTHLY.

THOS. M. McILVAINE, A. M., M. D.,

*Editor and Publisher.*

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## Editorial Department.

### Samples of Missouri Quackery.

We cull the following gems from Dr. King's address on Quacks and Quackery in Missouri:

An old practitioner said that "Dover's powder was a favorite remedy with him as it would produce a gentle diaporesis and had a soothing effect on the mucous membrane of the brain." Explaining vicarious menstruation, the same doctor said, "the blood is stopped in the womb and forced through the fallopian tubes into the lungs."

"Mr. postmaster please send my male to the turn back post office if you please sir Any is in the office for me Dr. J. R. G."

A doctor said that, "as soon as the lochia ceased to flow through the mouth and were established through the vagina, the convulsions would cease." She had bitten her tongue.

A quack went for a regular physician to operate for strangulated hernia, which he said he had tried for two days to reduce by taxis. But arrangements were not completed before a red-headed boy rode up to the office and said, "You doctors needn't come; Bill only had a bile and it's busted."

A quack rubbed a solution of plumbi acetatis on a woman's abdomen, and shortly afterward pulled up the cloth-

ing and showing the husband a discharge from the vagina said, "There, now! don't you see? The medicine is absorbed already."

On being asked as to the health of his neighborhood one said, "O, sickness is debating." On being further asked how he got along so well with the prevailing fevers, he said, "Well, I'll tell you, but I won't tell them d—d quacks out in the country. I take some soda, and put a little water in one glass, some acid in another; I then pour them together, and let the patient drink it while it is vesicating."

A female doctor was called to see a lady who was suffering from hemorrhage of the kidneys. The doctress stated that she "knew all about it—her father had the same disease—hemorrhage of the prostate gland."

One quack said "he gave the patient a little turpentine as her bowels were a little gastric."

Another told a gentleman who had synovitis of the knee-joint, that "there was a rheumatic worm in the joint eating up the asphaltum."

A root doctor has but three medicines, all made from the same root. He calls them respectively "Hibobalorum, Lobobahirum, and Hi-lo-bustem." One is a cathartic, another an emetic, another, last, "a rank pizen" which will bust his patients open. He makes the first by peeling the bark downward, the second by peeling it upward, and the last by peeling it around.

Many pages of Dr. King's address were filled with similar "uncut jems." They are funny—many of them, and serve to excite a laugh, but to an honorable practitioner they cause a blush.

We quote a paragraph or two from his paper:

"The condition of things shown is enough to sicken any man who has any regard for the dignity, standing and honor of our profession; and is sufficient to alarm and appall any person, not a doctor, who is capable of appreciating the danger in which the community is placed, by reason of the presence of many illiterate and incompetent men in their midst assuming to represent our noble profession and to take charge of the issues of life and death.

"The presence of these ignorant pretenders and swindling rascals is a standing cause of shame and annoyance to every worthy, honest and competent physician ; for say what we will the people—the great majority of whom do not seem capable of distinguishing between the true and false in our profession—*will* class us with these creatures and *will* call upon and beg and importune us to meet them in consultation in cases threatening life, and our refusal to do so often puts us at a disadvantage before a community which has more heart than brains."

The Medical Practice Act in this State (Illinois) has done much to free us of these vampires, but a few loopholes were left through which a good many incompetent persons were given the right to trifle with the lives of the people. The clause permitting those who had practiced for ten years prior to the passage of this act, to continue without examination or hindrance was the weakest part of the whole.

We have lately seen a certificate returned to the County Clerk of St. Clair County by one of these "ten year" men.

The deceased's age was given as seventeen, while a little below it was stated that he had been a resident of this state twenty-one years. The cause of death was rather unique: "first disease Gravel, stop the water," complications, "Imergy (?) of the blood of the nose and mouth ; Pluru Pomonie."

We have frequently seen returns made in which the cause of death has been variously given as "Earysipelas," "Arysiplas," "Malerea," "Parallases," "Numonia," "Amونيا," "Arasipolas," etc., etc.

This may not be evidence of such open quackery as exists in Missouri, but it is evidence of the most unadulterated ignorance and almost an equal blot upon our fair name as physicians.

Mississippi has the best law regulating the practice of medicine of any that we have yet seen ; the best because it is the strictest. A diploma is not sufficient evidence of ability, nor yet twenty or fifty years of practice, but every

man must pass an examination in the fundamental branches : anatomy, physiology, chemistry, materia medica, obstetrics, surgery and perhaps one or two more. This examination he *must* pass ; after this he may practice any "pathy" he pleases.

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#### **Rush College Commencement.**

The fortieth annual commencement exercises were held in the Central Music Hall, Chicago, Tuesday, February 20, 1883. The Faculty appeared for the first time clothed in the robes peculiar to their office, such as are worn by professors in Europe, and to some extent in America.

After the degree was conferred upon a class of 178, Dr. Gunn delivered the Doctorate Address. It was almost entirely ethical in character, and as we have seen only a newspaper report we cannot give a fair synopsis of it. It will soon be printed. The annual banquet given by the Faculty to Rush alumni was held the same evening at the Grand Pacific Hotel, and was attended by about 400 guests. Needless to say a good time was had, and everybody was satisfied.

Dr. Jno. Guerin, Chicago, was elected President of the Alumni Association ; Dr. T. F. Russell, Oshkosh, First, and J. W. Fisher, Milwaukee, Second Vice President. Secretary and Treasurer, F. A. Emmons, Chicago. Executive Committee : W. J. Maynard, E. P. Davis, A. D. Bevan. Prize Essay Committee : C. I. Fenn, J. S. Knox.

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#### **An Offer.**

It is a matter of great inconvenience to the publisher to have renewals fall due at every month of the year. It would be much more satisfactory to have all begin with the volume in May. This, however, is scarcely practicable in all instances, but to approach as nearly as possible to it, we have determined to make our subscribers this proposition : All past due renewals if paid at once will be credited up to May. A few in this way will receive part of a year

gratis, but the convenience to us will more than counter-balance the loss.

*Take notice then :* Every one who has received notice that his renewal is due at any time during the past year, will, if he pays at once, get credit from May. *Verb. sap. sat.*

Aalso all subscriptions received during March and Ayiril will be credited from May. This will give two numbers or nearly 100 pages extra.

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#### Notes and Comments.

The latest remedy for the vomiting of pregnancy is pop corn.

Women have a college of pharmacy all to themselves in Louisville.

Professor Helmholtz has been made a noble by the German Emperor.

For cruelty to his family a Cincinnati physician has been sent to the workhouse for thirty days.

For many of our news items this month we are indebted to the *Detroit Lancet* and its able editor.

The death rate of last year for New York City was 29 per 1,000. There were 10,000 less births than deaths.

At its late commencement the medical department of the California State University graduated fifteen persons.

In New York the Sunday hospital collections this year were but \$20,000, against an average of \$37,000 for the three preceding years.

Of eleven physicians who died in Texas last year, three died by accident, three were shot, and five committed suicide.

The brain of Gambetta was found to be below the average weight, only thirty-six ounces—a microcephalic brain.

Towns near London have on an average 50 per cent. more sunny days than the great city. Such a dark pall is London smoke.

At the College of Physicians and Surgeons of Baltimore, five students have had small-pox and two have died.

Gaillard's *Medical Monthly* states that there are 2,000 cases of small-pox in Baltimore, of which only 800 have been reported by the board of health.

At the *post mortem* examination of the late Dr. George M. Beard it was found that his death was due to an embolic pneumonia originating in an abcess of the upper maxilla.

The board of commissioners of New York have dismissed Dr. Carnochan from the post of consulting surgeon to Ward's Island, and appointed Dr. H. H. Sands in his stead.

In the ruins of Pompeii has been lately discovered a quadrivalve speculum, exquisitely proportioned, with a movement unsurpassed by the most perfected of modern instruments.

On page 388 of February issue of this journal, seventh line from the top, read "a larger zone" instead of "a layer zone"; also, on page 401, same issue, third line from the bottom, read "present" instead of "pleasant."

There has been a great scramble for a parish appointment in the slums of Edinburgh, worth \$300 a year. A sample of the fierce struggle of medical men for existence. Will the fittest survive under such conditions?

At Sheffield, England, thirty women recently delivered are known to have been infected with syphilis by the same midwife. Nine husbands have also been infected, and some of the infants. The midwife has been prosecuted.

The editor of the *Alienist and Neurologist* says that he needs no register of medical men, because all eminent men who do not take his journal are recorded as approving of the several proprietary medicines presented to his notice.

Dr. Polk recently removed a displaced kidney; the patient lived eleven days, when it was found that she had but one kidney, the one removed. The case was of interest as showing how long a person can live without any kidney tissue.

A recent decision holds that if a surgeon recovers his fee in a suit for the value of his services, no subsequent suit can be brought for malpractice, this being settled by the results of suit for services.

If a person knowingly communicates a contagious disease to another and death results the crime is that of manslaughter; such is the common law. Most persons escape because of the expense and trouble of bringing about conviction.

It may interest those urging the compulsory notification of infectious diseases to know that in Edinburgh "after several years of compulsory notification the death-rate of the leading epidemic diseases is higher than it was previously."—*Brit. Med. Jour.*

At Germantown, Pa., a lady was sent to the pesthouse for small-pox. It turned out that she simply had measles, but at the pesthouse she took varioloid. Five similar cases are reported in Baltimore during one week. Rather tough on those having measles.

The Commissioners of Cook County Hospital have a sure remedy for settling any disagreement in their medical staff—the entire staff is at once bounced and a new one appointed. Thus within two years they have had three different medical boards.

Two Philadelphia doctors have been charged in court with a conspiracy to obtain from a helpless and aged invalid a conveyance of all her property to themselves for no other consideration than medical services rendered by one of the precious pair.

Verchojansk in Siberia is said to be the coldest inhabited town in the world. In 1882, during January, the thermometer showed a mean temperature of -43 deg. F., during February -56 deg. F., during March, -37 deg. F. Once the thermometer was -81.4 deg. F.

An exchange says that by actual count "there passed a certain point on an ordinary day 105 men, boys and a mule; 100 of these were engaged in smoking; five of them and the mule were not. Clearly the mule was on the exclusive aristocrat side of the question."

Dr. T. Gillard Thomas is reported as saying: "I believe that I represent the feeling of the majority of our best conservative men in saying that I consider the breaking down of the barriers, as was done last year, as disastrous in its effects and very much to be regretted."

Recent extended researches by Berlin, of Stuttgart, Germany, show there should be a change in our present method of teaching writing. We should place the copy-book in an oblique position directly in front of the child, instead of to his right and parallel with the edge of the desk.

The recent register of German physicians states that there are 17,623 regular practicing physicians in the Empire. The proportion in Berlin is one physician to 1,071 people; in the country one physician to 2,606 people. There are 153 medical publications, aside from 95 periodicals from medical societies.

We hope our Illinois friends will not forget the fact that the next session of the State Medical Society will be held at Peoria, May 15, 16 and 17. Make your preparations in time to be on hand, not only to profit by the large meeting which will be held, but also to see the thriving city, now second only to Chicago, and improving at a wonderfully rapid rate.

In Scotland the medical man is paid "sixty cents" for each case of infectious disease reported to the health authorities. The rights of the doctor are in this regard fully recognized by the government. The penalty for failing to notify is \$10. In Detroit the doctor gets nothing for reporting, and is threatened with a fine of \$500 if he does not report. Which is the free country, the country of respected individual rights?

The first number of *Home Health*, our new sanitary and hygienic publication will be out promptly April 1st. Please bear in mind that although the regular price is \$2 a year, subscribers to THE PEORIA MEDICAL MONTHLY will get it for \$1 a year in advance. We believe that *Home Health* will be of great service to every physician, and that they will not be slow to appreciate it.

## Receipts for February.

To save the time and expense requisite for sending a formal receipt to subscribers, we have for some months past adopted the plan of printing in this place the names of those from whom money has been received during the preceding month. Those remitting will please note whether their names are included in the lists, and if they are not will notify us by card:

WISCONSIN—Drs. Christian Linde, F. C. Moulding, R. L. Teljan, Thos. H. Helm, O. H. Martin, E. E. Moore, C. H. Koetel, H. S. Johnson, C. H. Frost, C. W. Stoelting, J. E. Marsh, B. O. & J. C. Reynolds.

KANSAS—Drs. W. T. Wright, M. Park, J. M. Wright.

IOWA—Drs. Thos. Garth, C. S. Stroud, R. Stephenson, Jr., D. McCaughan, Joshua Richardson, H. Lindner, J. P. Von Stein.

NEBRASKA—Drs. A. B. Anderson, L. D. Denney.

TENNESSEE—Dr. B. D. Alexander.

ALABAMA—Dr. J. L. Fant.

MINNESOTA—Dr. Wm. Eison.

KENTUCKY—Drs. W. A. Ligon, R. C. Mayes.

WYOMING TER.—Dr. T. E. Webb.

ILLINOIS—Dr. T. F. Roberts (2 years), J. S. Bell (2 years), Samuel Kelley, Charles H. Carter, H. Nance, J. J. Thometz, J. F. Todd, A. C. Williams, J. L. Kitchen, E. E. Welborn, Geo. Willis, G. W. Dunlap, W. Wilson, O. F. Taylor, Geo. Schloetzer, S. S. Clayberg, R. A. Hawthorne, Wm. Dillon, A. Hess, E. Wenger, G. F. English, Edwin T. Black.

## Some Things That May Interest You.

A fountain pen that always writes and never "leaks," that makes a fair, plain line, and never blackens the fingers, and that, once filled, can be used for days without change, avoiding all the bother and interruption of reaching over to the inkstand for a fresh dip every two minutes, that can be carried in the pocket, and is as handy for use and as neat as a lead pencil, and that writes on any paper however thin or soft; such a pen is worth having. And such a pen is the "Livermore Stylographic Pen." This we know from personal use.—*Editor Chicago Advance.*

This pen has been greatly improved and the price reduced to \$2, which is very cheap. Louis E. Dunbar, 390 Washington street, Boston, is the agent and will send the pen and a six month's supply of ink on receipt of the price.

Celerina is a combination of drugs which meets all the requirements of a first-class prescription; it is efficient, agreeable and safe. I have used it in two cases of neurasthenia, with highly satisfactory results, and shall give it still further trial.

H. A. COTTELL, M. D.,  
Demonstrator of Anatomy, Microscopy, and Medical Chemistry, University of Louisville, Medical Department.

I have used Celerina in my practice, and find it to be an excellent nerve tonic.

C. W. NULL, M. D.,  
Professor of Physiology in Louisville Medical College, and Jefferson School of Medicine.

# THE PEORIA MEDICAL MONTHLY.

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VOL. III.—APRIL, 1883.—No. 12.

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## Original Communications.

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ART. I.—The Clinical Uses of the Microscope. BY DR. ROMAIN J. CURTISS, Joliet, Ill.

The use of the microscope in medicine has come to be very nearly as indispensable as is the use of the telescope in the science of astronomy. Of course, not every doctor's office contains a microscope as yet, though every observatory holds a telescope; but the science of medicine to-day depends to a very great extent upon the facts which have been revealed by the microscope.

Before the invention of the telescope the stars were grouped into constellations after imaginary likenesses in form to the heroes of mythology—the men and women who distinguished themselves in love and war, and righteousness, and lust, and virtue, and wickedness. There was also quite a science relating to the stars. The Egyptians had an astronomy, and there were, throughout the world, people who made their living by the arts of divination or astrology. The Ptolemaic astronomy put the earth in the center of the solar system, and, in fact, the earth and the man on it were believed to be the very center of the universe. The vain lord of creation had an idea that he was made in the image of his Maker, and was the object for whose benefit the universe was built.

The use of the microscope is not the least among the methods by which people have learned that if they are made in the image of their Maker, they are also made in the image of other animal forms, and even that all their tissues, in their ultimate structure, are like the structures and the elements of structure, of all other animal creations.

These two aids to human vision—the telescope and microscope—have probably had as much to do with mental development as any other known factors. The scope of human vision is very limited. The objects of the universe which are too far away to be seen to any advantage in relation to their structure, and the objects of the earth which are too small to be seen, probably far exceed the number of celestial and earthly objects that can be seen by the unaided eye.

To give special illustrations, we will say that the eye will perceive, unaided, lines which may be ruled on glass that are, perhaps, 300 to the inch. The average is probably not over 200 lines to the inch. Now, outside of this limit are found most of the histological structures, and countless numbers of species of living things. The inspired writer's injunction to the human sinner: "know thyself," could never be even approximated without a microscope. No histological structures would ever have been found out, and the pathological structures and the parasites of diseases would never have been known.

The telescope, probably, did away with astrology and the Ptolemaic astronomy, and the microscope has cut the last thread which bound us to the belief in the supernatural origin of epidemics. The sky-gazers of the middle ages sought for a solution of the cause of pestilence by looking upwards. They watched the sky until they began to see things—they saw rivers of blood, and armies fighting in the air, which they believed were heralds of the sweating sickness, the plague, and the black death; but the man of science, looking through his microscope, has found bacillus anthrax, bacillus tuberculosis, and the germ of small-pox, and typhoid, and septicæmia; he has found trichinæ, ecchinnococci and cysticerçi, and expects to find

the true nature of all contagion and infection, and their prevention.

In this manner the microscope has contributed to bring the mind out of superstition and old habits of nonscientific thought, by finding natural causes to put in the place of supernatural guesses. The methods which reveal the nature of a man's structure, and the causes of his sickness and death, do more than all other things toward the development of the human mind. The microscope gives us the knowledge of how to prevent disease, and by this means to secure a long life, and we all know that long life is a necessity, if the product of human life is to be mental development, and happiness, and riches and civilization.

Without doubt the field of the microscope, which is of the greatest practical value, is the clinical field, in special, and those revelations which relate to human structure and physiology and to causes of disease in general. Studies in other fields are useful, for the reason that general science is thereby advanced, and general laws are thereby formulated, which help to make up the grand sum of knowledge which includes the origin, the structure, nature, and the destiny of the human being, and the causes which bring and have brought these things about.

During the last few years the microscope has become an instrument of great importance in medical teaching. This was not so a few years ago. The writer attended two different medical colleges and graduated in "'64," and during his term of filling the three years requirement of medical study for a diploma, he never saw a microscope in the neighborhood of a medical college or anywhere else. Now nearly every department, or chair, in a medical college teaches his special science by aid of the microscope. The anatomist shows the histological structures, and the physiologist the structures of fluids and animal constituents, and proximate principles, and the structure of excretions, and secretions by aid of the microscope. In short, the microscope is equally indispensable, and useful, and equally utilized in the sciences of pathology, and hygiene, and the line of diseases.

In the daily practice of the physician, as might be expected, the microscope is one of the instruments of accuracy in diagnosis. In fact, it is becoming an indispensable necessity. As we shall see, the differential diagnosis of many medical and surgical lesions depends in many cases altogether upon the microscope, and in many others this instrument affords the best method of accurate and rapid diagnosis. Of late years the manufacture of microscopes, has increased in great ratio, which sufficiently proves the fact of the uses of this instrument. Most of the microscopes made are sold to doctors, which shows where the field of greater usefulness of the instrument is. In fact, the medical graduate, at present, cannot consider his professional outfit complete without a microscope.

It may be briefly stated that microscopes are greatly improved at present over those of a few years ago, and it is also proper to say that the instruments made in this country are better than those of foreign make, perhaps in every respect. The power of the objective lens was greatly increased by Spencer, an American, who, in fact, succeeded in making objectives having resolving powers which exceeded the supposed limit of possibility. Since Spencer's time the microscope greatly increased its usefulness in the sciences, and in clinical uses, and has made itself the indispensable instrument that it now is.

As every doctor now needs a microscope, and most of them want one, and many of them have not yet obtained one, perhaps a few hints of practical nature on microscope construction and power may be acceptable. Every man, before he buys a microscope, must know what the instrument can do, and why it can do it. The fact is that many microscopes; stand, lenses, and all, may be sold at a very high price, and not be very useful instruments, and, at the present time, very useful instruments are sold at very reasonable prices. In buying a microscope, the stand is of course, the first factor to consider. Stands are made of as various patterns, perhaps, as vaginal pessaries, and many of them are as equally useless and uncalled for. Many of the old incumbrances of mechanical stages, etc.,

are no longer used, and were never of any use. At the present time microscopists themselves are wrangling over the most desirable weight and size of a microscope stand. It is very evident that different men differ in the size and weight of their opinions about the most desirable size and weight of a stand, and that different men like different sizes and weights.

The various American makers build stands of different weight and size for different people and purposes, and all of these stands, it may be said, admit of the use of the best objectives, and other accessories of the microscope. If other things are equal, the owner of a microscope will, as a general thing, be better satisfied with a stand of good size and with weight enough to resist most of the modes of motion which constantly pervade the air and ground, and houses and furniture of rooms.

A stand which will admit of the use of any microscopic accessory, and of good weight and size, can be bought for from \$25 to \$75, and the best that can be made, even if all made of brass and in the best manner, and having all the qualities which are necessary to go with objectives of the highest power, and which can be used for any purpose where a microscope is useful, and which are handsome enough, and practical enough, and scientific enough, need not cost over \$160.

The next article, which it is of greatest importance to know something about before owning, is the objective, and to understand this subject in its outlines, we must review, briefly, the nature of the things to be seen by the objective, and the powers which the objective must have in order to make these objects visible.

Objects which are visible to the eye present to the mind the image of the object as a whole, and more or less of the structural elements or factors of the object. We see many objects as a whole every day, the small parts of which, or the anatomical elements or factors of which, we cannot see, because they do not come within the angle of vision of the eye. We can see the images of small animals perhaps, whose ears and eyes, and perhaps other members are not visible.

Now, the same laws, of course, hold good in microscopic objects. An object, as a whole, may be too small to be seen by the eye—for instance, a diatom, or, blood globule, but a lens which amplifies the object five or fifty diameters, will enlarge the apparent size of the object, by its amplifying power, and will make visible more or less of its anatomical or structural factors, by reason of its angular aperture, as well as its focal distance, or refractive power.

There are two factors then in the power of objectives which aid vision, and in selecting an objective, both of these factors must be considered. The distinction to be borne in mind is that the focal distance has relations of particular character to amplification of the general image, and the angular aperture has more special relations to the resolution of the structural elements of objects which are looked at through a microscope.

An objective must have enough angular aperture to delineate or resolve the smallest elements of any general image, so as to admit of their amplification, and the objective (with eye pieces) must have refractive power enough (focal distance) to amplify the general image and images of the structural elements, so as to form a visual angle.

Just what a visual angle is, I don't know, but it is said to represent the distance between two contiguous rods or cones in the *fovea centralis*.

I have said that the average eye can see lines ruled on glass about 200 to the inch, or the eye can see structural elements in any object which have a size of 1-200 of an inch. Now any object, big or little, which can be seen by the eye, if it is made up of structural elements less than 1-200 of an inch, these elements cannot be seen by the eye. If a house, or barn, or an elephant, is composed of structural factors no larger than something smaller than the 1-200 of an inch, these elements cannot be seen by the eye, any better than they can in any object a thousand times smaller, and the reason is that the angular aperture of the eye is not wide enough to permit these small things to be seen. If a microscopical house, composed of elements 1-200

of an inch in size could be amplified by lenses which did not have an increased power of delineating small objects, it would make no difference how much the apparent size of the house was amplified, even up to 5,000 diameters, the structural elements of the house would yet be invisible.

Now in looking at a diatom which has lines so close together that the lines and spaces between them cannot be delineated or resolved by the objective which is being used on account of its narrow angular aperture, no amount of amplification of the image of the diatom, by the objective and eye pieces, even up to 5,000 diameters, will make the lines on the diatom visible. But now if an objective, of greater or less magnifying power, be substituted, which has a sufficient angular aperture to delineate these lines and spaces, they can be seen, if the whole diatom is magnified only a few hundred diameters, instead of 5,000.

Magnifying or refractive power, then, or focal distance, is not the only factor necessary in an objective, though it was formerly thought to be. The popular idea is, even at the present time, that the power of the microscope has direct relations only to the magnifying power of the lenses, especially the objective. Objectives were formerly constructed with narrow angular apertures, even when made with the highest amplifying power. The fact that an objective was a 1-16, or a 1-20, was considered to be proof of its high power. This is only proof that it can amplify the image of a diatom a certain number of diameters, but is not proof that it can show the finer lines on a diatom, or other equally small elements in a general image which is magnified. Beal and Carpenter used objectives of 1-20 and even 1-50 inch focal distance, but with narrow angular aperture, and the fact has been since learned that objectives of 1-8, or 1-10 inch focal distance are far better instruments, providing they have wide angular apertures. Perhaps the best objective made and which reaches the limit of possibilities in the power of objectives is a 1-10 inch, having an extreme angular aperture of 180 deg.

The reasons of this are evident from what has been said, viz: that amplifying power belongs to eye pieces as

well as to objectives, and the further fact that an angular aperture of 180 deg. reaches the limit of construction, and that lines or elements of structure of objects having a little less than 1-150,000 inch is the limit of the resolving power of objectives.

The power of resolving lines and spaces between them, or other elemental structures or objects having the size of 1-150,000 part of an inch is the work of that factor of an objective's power which is given by its angular aperture and not by its magnifying power. When these lines are resolved by the objective they must then be amplified by refractive lenses until they are large enough to form a visual angle, and it is found that an amplification of 750 or 1,000 diameters is sufficient to do this work. A 1-10 objective with a 1-inch eye piece will give these lines and spaces an amplification of 1,000 diameters, and therefore a 1-10 objective, having an angular aperture of 180 deg, resolving 150,000 lines to the inch (nearly), is the present limit of microscope construction, and represents all that eye pieces and objectives can do as aids to human vision.

Now a 1-20 objective, having an angular aperture of 180 deg, is no better than a 1-10 objective having the same resolving power or angular aperture for these reasons: If we have the 150,000 lines resolved by an objective, it is necessary to magnify them 1,000 diameters to see them. It is immaterial whether they are magnified with an objective or with an eye piece. If the objective is a 1-10, a 1-inch eye piece is required to magnify the image of the resolved lines to 1,000 diameters. If the objective is a 1-20, an eye piece of 2 inch focal distance is required. So there is no possible advantage in having a 1-20, or a 1-16, or a 1-12, or even a 1-10 objective, for a 1-8 inch focal distance objective will do all the work that any objective can do, with the proper eye pieces.

To magnify a resolved image to 1,000 diameters we can use either of the following combinations:

1-5	inch	objective,	and	$\frac{1}{2}$	inch	eye	piece.
1-10	"	"	"	1	"	"	"
1-20	"	"	"	2	"	"	"

The character of the image which is magnified, so far as the number of lines per inch, or equally small objects, is concerned, will depend entirely upon the angular aperture of the 1-5 or 1-10, or the 1-20 inch objective which is used in this combination. Now, of course, deeper eye pieces may be used, and the image may be magnified up to perhaps 5,000 diameters, but this amplification will show nothing new in the image, it will only give greater distinctness to the details, and lessen the extent of the field, or number of lines in the field.

But not all objects which are looked at through the microscope contain 150,000 lines to the inch, or other objects of equal size, nor anything approaching it. In medicine, or clinical use, lower power, and lower angular objectives are oftener required than higher. The extreme angular apertures exhibit objects which are of course no wider than they are thick, and hence such objective does not have enough of what is called penetration to properly exhibit such objects.

The rule is to use an objective with an angular aperture, and power no higher than is required to properly resolve and magnify the object. Using an objective of 180 deg. angular aperture on an object having only 300 lines to the inch, would be like using the telescope in the Washington Observatory for an opera glass. It is evident, therefore, that objectives having low magnifying power, and angular aperture are necessary in the microscope. Perhaps the following list will comprise a battery of objectives which will most satisfactorily cover the whole ground of microscopy :

A 3 inch of 10 deg. angular aperture.

" 1 "	" 25 "	" "	" "
" $\frac{1}{2}$ "	" 45 "	" "	" "
" $\frac{1}{8}$ "	" 180 "	" "	" "

This list of objectives, with a set of eye pieces of two inch, one inch, one-half inch, and one-third and one-fifth inches, will enable the microscopist to resolve any objects resolvable by objectives, and magnify them as much as there is any necessity for magnifying them.

The higher power objectives are made with a screw collar adjustment, which by approximating the elements or lengthening the space between them, adapt the objective to different conditions, which arise from using different fluids for immersion, and for various thicknesses of cover glasses. In such objectives there is no doubt but the screw collar is a necessity. Objects only 140,000 to the inch, or more or less, are difficult to focus, and cover glasses and other conditions may make it impossible to focus them. In lower powers, unless the angular aperture is very high, the screw collar is not a necessity.

In purchasing a microscope, one of American make is generally preferable. The stands of medium size and weight, made by Bausch & Lomb, of Rochester, N. Y., or Tolles, of Boston, are excelled by no makers; neither are their objectives. My own stand was made by Tolles, after plans devised by Dr. Geo. E. Blackham, and the low power objectives and one-eighth of 180 deg. were made by Bausch & Lomb. No doctor can get any good out of a poor microscope, for the reason that toys do not even amuse grown up people for any length of time.

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ART. II.—Quackery. BY ALBRO B. ALLEN, M. D., Jerseyville, Ill.

Considerable has been said in various journals about quacks and quackery. Dr. King to my mind is to the point. Now why is it that these ignoramuses obtain business and a professional standing among the masses? Simply because the masses of the medical fraternity will not admit there is an honest, competent physician residing in the same town in which they are, other than themselves. He is the only surgeon, the only physician. He will expatiate at length on the mistakes made by others at various times, and wind up by saying he soon rectified it when he was called. Again he seeks out the father or mother where a child has died, expatiates upon his unprecedented success in the disease their child died of, as if he was totally ignorant of the cause of the death. Then very blandly apologises, they are not to blame for the death of the child, they cannot be expected to be judges of the qualifications neces-

sary to practice medicine successfully, and so on *ad infinitum*. Now nearly all do this. And all had rather die than acknowledge a superior in any branch of the profession; yet it is a well-known fact one man has a greater aptitude for one branch than for another, and it is but reasonable to suppose he will become more proficient in that branch and far more successful than his professional brother who may excel him in some other branch. Yet not one can be found to admit this self-evident fact.

While it is true a man must be medically educated before he is capable of discerning between the relative merits of two or more physicians, it is equally true few are so ignorant that they cannot grasp the plausibility of the argument of equal competency professionally when the bickerings of even the so-called leaders are pointed out by the ignorant quack. Harvey, in his day, was denounced by the profession as a quack, so was Hunter, Bell, and others, and in fact all who arrive at distinction either from superior skill or extreme ignorance, and so has it been in all time. Before we can expect the masses of the people to respect us we have first got to respect ourselves. The State Board has abolished quacks in this state. A man has first to be a graduate of an accredited school of medicine before he can open out for business. He may be a bright scholar, or just sufficiently intelligent to pass an examination and receive a diploma. They are both physicians, and it now remains for each to apply his skill to the practical test of earning bread and butter. The scholar may conform to ethics, the latter will conform to business usages and get a large and lucrative business. Which is the success, the man who revels in fame and plenty of money or the rusty skill and starving dignity of the unknown and unrespected scholar? In a profession a man's brains is his stock in trade, and what he wants is to sell it for what it will bring in the market. Put forth an effort and find buyers, plenty of them, who will pay a good price in cash. Make politicians bow at his shrine and legislate for his interest that they may secure his influence. It is time the medical profession had quit their bickerings among themselves and sought legislative enactments for

the securing of their fees and the financial and public respect of the profession at large.

I think I know something about ignorant quacks and ethical gentlemen and (educated business irregular quacks). The latter are by the masses the most highly respected for skill and business energy. What does a sick man care or know about professional ethics? Professional skill is what he wants, and the educated business quack gets his business because he has solicited it. Men in all departments like to do business with those who desire their patronage and give them what they want.

I submit the above thoughts to the profession at large. They are my conclusions drawn from twenty-three years of close observation all over the central part of the United States.

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ART. III.—Foreign Bodies in the Bronchi Simulating Phthisis: Death From Hemorrhage and Exhaustion. BY H. NEWELL SILL, M. D., Strawberry Point, Iowa.

In December last I was called to see S. W., aged 24 years. His weight was about 180 pounds. He had been a very healthy person all his lifetime until about September previous, when he began to complain of shortness of breath, a dry cough and expectoration of blood. Dr. Craig was called to prescribe for him, finding dullness on percussion in the subclavicular region over the right lung. The doctor believed the cause to have been traumatic, visited him a few times and prescribed such remedies as he judged appropriate. The patient had not been troubled with any perceptible inflammatory condition of the lung nor pleura; had not even been confined to his room. When I first saw the case there was complete dullness covering the entire right lung as completely as though the right chest was entirely filled by the liver. Mensuration failed to reveal any expansion of that side, and no rules or murmurs were revealed to the ear even through the stethoscope. An attempt to speak would cause a cough tubular in character; respiration about 24; pulse 20. I could not obtain any satisfactory point from which to start the difficulty as regards time and cause, and I looked upon the case as being quite grave.

I began my treatment by applying a large blister on right side, and painting the remainder of the chest with tr. iodine, and giving expectorants, which appeared after a few days to cause an expectoration somewhat purulent and bloody, and I soon observed that air was penetrating the lung to some extent. About January 29, during a coughing paroxysm, he expelled a fragment of oat straw which was collapsed, coated, and measured one and one-fourth inches in length, also smaller fragments. On my arrival a few hours afterward I found him struggling for breath, pale, breathing above 40 per minute and the pulse I could not count. He appeared as though he must soon succumb, but in a few hours he began to rally and continued to improve. The young man remarked that there was another piece of straw in the other bronchus because it felt the same as did the right side. About January 31 he expelled while coughing a piece of white hickory about one line in width and eleven lines in length which had a very sharp point, and was saturated with blood. February 1st my attention was called to the fact that he did not void sufficient urine. I introduced a catheter and drew off a small quantity which was heavily loaded, an analysis revealing the fact that there was a large amount of urea in excess which was soon manifested by uremic symptoms, strong and active, but elimination followed and our patient began to improve, and to all appearance was really convalescent, the cough nearly gone, respiration came to the normal standard, pulse 80, and in about three weeks our patient was able to be about the yard, walking out to the barn and feeling as though he would soon be at work. About February 23 he began to bleed from the right nostril, and on the 25th I was called; found the bleeding had continued, my subject pale, pulse rapid and weak, eyes bloodshot, and over his entire person from the feet to his head was the appearance to the eye of an eruption, but not to the feel. There was a complete giving away of the capillary system, and they ruptured, giving out their contents underneath the skin, countless in their numbers. By plugging the nose the hemorrhage ceased, but a slight delirium soon followed and on the 28th he expired. *No post mortem.* To me this

case is fraught with profound interest, while there is very much more connected with it that I do not understand, than there is that I do.

Perhaps there may be some one who can enlighten me about the whole matter. If so, speak on, brother.

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### *Notes from Private Practice.*

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**Greasing with Fat Bacon for Scarlatina.** BY SILAS HUBBARD, M. D., Hudson, Ill.

In the March number of this journal Dr. J. M. Hole gives his successful experience of treating scarlet fever with inunction of hog lard. I would say that for more than thirty-five years I have treated many cases of scarlatina in part by frequently greasing the patient with fat bacon with satisfactory results.

Dr. Merrill contended that the good effect of lard inunction was that the fever spent itself upon the lard instead of the fat of the patient. I supposed that the good effects of the grease was either by killing the scarlatina bacteria or furnishing them food until they died a natural death.

So far as I know my brain originated the supposition that scarlatina is an attack of millions of parasites on the human subject, and to fight them I greased the patient, and recently have in a number of cases given frequent small doses of sulphur morning and evening to the well in the family afflicted with the disease, as a prophylactic. The patients recovered speedily, and the well did not take the disease, or had it lightly.

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**Ustilago Maidis.** BY SILAS HUBBARD, M. D., Hudson, Ill.

I have in more than a dozen cases of tedious labor administered *ustilago maidis*, and for the same purpose I have in more than a hundred cases administered *secale cornutum*, and will now deduce some of their differences of action. I have noticed that the *secale cornutum* generally produces one continued, persistent contraction of the uterus, while the *ustilago maidis* increases the power of action of the uterus and the frequency of its rhythmical muscular con-

tractions, it does not prevent the rhythm of parturition; and thus though I never lost a patient or child in the administration of either remedy, I can fairly infer that *secale cornutum* is more dangerous to the life of the child than *ustilago maidis*. On account of the *ustilago maidis* allowing of the alternate contraction and relaxation of the uterus, I find that it has no virtue in preventing or curing post partum or ante partum hemorrhage, and I have sometimes with good effect administered *secale cornutum* to cure post partum hemorrhage after having accomplished the delivery by the aid of the *ustilago maidis*. I find that in cases of abortion without hemorrhage, when it is perceived that it cannot be prevented, that *ustilago maidis* is the best agent to hasten their completion. I find that although *ustilago maidis* has no virtue in curing ante partum or post partum hemorrhage, it is a very sure remedy for ordinary menorrhœa.

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**Ischio-Rectal Abscess.** BY KATHARINE MILLER, M. D., Lincoln, Ill.

Mrs. L., aged 45, general health good and functions in all respects normally performed, came to my office April 18, complaining of a deep-seated pain as if "of a boil" in the sacral region, with which she had been troubled for about a week. On examination I found tenderness posterior to the rectum, both on pressure per rectum and externally on deep pressure. Inquiry showed that several months before Mrs. L. had fallen heavily on the buttocks and for several weeks afterward she had experienced considerable lameness in the sacral region on rising and sitting down, and recently she had been on her feet much more than usual. Had had hæmorrhoids which, however had not been troublesome of late. One had burst and bled freely some time before, resulting in a cure, she thought. The walls of the rectum seemed somewhat relaxed, but no distinct hæmorrhoidal masses were to be felt. I prescribed a sedative and astringent injection, and rest in the recumbent position. In the evening of April 20, was called to see Mrs. L. Found her suffering great pain of same character as before, not aggravated by going to stool. Bowels regu-

lar. Diagnosed ischio-rectal abscess. Gave opiate to procure rest and ordered bowels freely moved by potass. bitart. April 21, found some swelling at right of anus. No urine had been passed for 24 hours, and on using the catheter but a small quantity was found in the bladder. In the afternoon of the same day lanced the abscess one inch to the right of and behind the anus. At a depth of  $1\frac{1}{4}$  inches reached a pus cavity which discharged about three ounces of dark-colored pus having a strong fæcal odor. Washed out the cavity and introduced a double drainage tube. Ordered the cavity syringed twice daily with a weak carbolized solution. Still obliged to use catheter. Urine more freely secreted after the lancing of the abscess. April 22, in the evening, urine passed normally. Very slight discharge of good and laudable pus during the day. No fever. Appetite fair. Digestion good. April 23 and 24 Mrs. L. stood up several times to rest herself, and in her movements displaced the drainage tube. Water returned perfectly clear on washing out the cavity. Patient felt well except some superficial soreness about the point of incision which rapidly subsided. A week later she complained at times of a pain radiating down the right thigh posteriorly, but this after recurring occasionally for a few weeks, gradually ceased, and she experienced no further trouble.

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Record of 200 Consecutive Obstetrical Cases. BY L. L. LEEDS, M. D.,  
Lincoln, Ill.

Number of male children, 105. Number of female children, 95. Average duration of labor, 7 hours, 21 minutes. Average duration of labor with male children, 7 hours, 37 minute. Average duration of labor with female children, 7 hours, 3 minutes. Maximum duration of labor, 24 hours. Minimum duration of labor,  $\frac{1}{2}$  hour. Total number of hours of labor in 200 cases, 1490, or sixty-one days, six hours. Number born between low and high twelve, 97. Number born between high and low twelve, 103. Number of primipariæ, 51. Average duration of labor of primiparæ, 8 hours, 17 minutes. Maximum duration of labor of primiparæ, 24 hours. Minimum duration

of labor of primiparæ, 2 hours. Average duration of labor of multiparæ, 7 hours,  $1\frac{1}{2}$  minutes. Maximum duration of labor of multiparæ, 22 hours. Minimum duration of labor of multiparæ,  $\frac{1}{2}$  hour.

In nine cases obstetrical operation was required. Craniotomy, 1 case, necessitated by hydrocephalus. Version, 2 cases. Forceps, 6 cases, two of them necessitated by malformation, three by inertia, and one by failure of the mother's powers. Nationality of mothers : American, 121 ; German, 43 ; Irish, 19 ; English, 6 ; African, 5 ; Jewish, 4 ; Scotch, 1 ; Gipsy, 1.

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### Correspondence.

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#### The Card-Index—Continued.

CHICAGO, ILL., March 25, 1883.

*Editor Peoria Medical Monthly :*

Having received several inquiries concerning the card-index I described and recommended in the February number of this periodical, I have thought it advisable to give a more elaborate explanation of it through the same medium in which the original outline was published.

There is nothing essentially original in my method of "preserving" the "fruits" of the labor of others for my future use. The card-index is not new. It is used in most of the large libraries, and by many literary workers in special fields. But its sphere of usefulness is much broader than that which it is now made to fill, and for this reason its advantages over all other methods of indexing should be more generally known and employed.

A further description of the material part of the index is hardly required. But to begin at the beginning with the "details" which I have been requested to fully set forth, I will repeat part of which has been already said.

First, as to the cards. The size is not of great importance, but I have found that the ordinary postal card is a good pattern by which to have the cards cut. A brief account of the origin and evolution of my own index will probably

be a good guide to others. I had a paper-dealer cut one thousand cards to begin with, from unruled, well-sized paper. In thickness and stiffness, the covers of PEORIA MEDICAL MONTHLY correspond very nearly to the cards of my index. They had better be too light than too heavy, as they must be somewhat easily bent, so as to be readily manipulated with the ends of the fingers when in position.

These cards are set up rather loosely, edgewise, in a drawer in any writing desk, (which is also my reading desk). If they are packed too closely, the cards cannot be readily separated sufficiently to read the headings.

The thousand blank cards were divided into lots, one corresponding to each letter of the alphabet, and the first card in each lot labeled with its proper letter on the free edge of a slip of paper pasted on the back of the card, the free edge extending half an inch above the cards.

The blank cards were thus divided into lots, and *all* put in at first, so that each letter-division would be separated from the contiguous ones by a small distance, and the different letters, all readily seen, one not hiding another behind it. Of course, after the index has been in use for a time the letters will be separated in a ratio corresponding to the amount of matter indexed under each letter. When the first 1,000 cards were appropriated, more were procured of the same size and quality. Obviously, they should *exactly* correspond in height (width), but the length is not of *so* great importance, the ends need not be always even.

Perhaps the most appropriate receptacle for the cards is an open tray, made of wood or tin, divided into sections, the width of the sections being a trifle more than the length of the cards, so they may be easily inserted.

The receptacle, however, as well as many of the details in the use of the index, may vary with the particular notions, needs and convenience of the owner.

An editor or any person doing much "original" literary work would find it more convenient to have a quadruped-*al* tray with its hind legs the longest, like the kangaroo, to give the desired inclination. A printer's case possibly comes nearer to being a good model than the kangaroo, but

either—*mutatis mutandis*—will give the carpenter an idea of what is wanted. This case, standing at the left of the writing-desk within easy reach, is quickly consulted and occupies very little room. It is a valuable friend in need, and a friend indeed. A cover may be needed in some cases, to keep out the dust, but this of course would be unnecessary in a doctor's office.

Now as to the *modus operandi*. The headings of the cards usually give no trouble. A word or two will usually cover the title of the subject to be indexed, and be sufficiently suggestive of what may be found in the sub-headings and items under it. For example, "Diphtheria" as a general heading, may embrace the sub-headings, "nature of," "causes," "bacterial theory of," "symptoms," "paralysis," "complications," "sequelæ," "diagnosis," "stimulants in," etc., etc. The headings should be written boldly, and as close to the top of the card as possible. The sub-headings, in ordinary handwriting, with the more important words underscored. Contractions and abbreviations used as freely as possible to economize time and space in writing the items.

A synopsis of quite a lengthy article may often be embraced in a few catchwords. The name of the journal or other source of the indexed matter may be abbreviated—perhaps only the initials used—followed by the volume and page. In my index PEORIA MEDICAL MONTHLY is written simply PMM., even the periods being omitted. *The Medical Record* becomes MRec., to distinguish it from *Medical Review* (MRev). *Berliner klinische Wochenschrift* is curtailed to BkW. The New York *Independent*, NYInd. For the number of the volume I use Roman notation, and for the page, Arabic, "vol." and "p" being omitted; "XIX-85" means "Vol XIX., page 85." My scrap-books and note-books are numbered and paged. "SBI-225" means "Scrap-book, No. I., page 225;" "NBX-50," means "Note-book, No. X., page 50." By means of "catchwords," abbreviations and contractions, the main points of an article, its place, and the author's name, if desired, may be all written in a single line across the card. If there is any probability that the

meaning of any abbreviation will be forgotten, it may be indexed under the general heading "Abbreviation". Then it can be easily regained.

The arrangements of the headings; or rather of the cards bearing them, is a very simple matter, and I think was made plain in the previous paper. When one card is filled, another with the same heading may be added. Several cards may be needed for a single subject.

It often becomes necessary to index an article under two or more headings, the matter bearing upon different points of interest. As an example of this, I take the following entry from my index: "Affections of the Ear Depending on Diseased Teeth"—by Sexton—"Am. Jour. Med. Sci.—1880—17," or "Ear aff. Depndng. Dis. Teeth"—Sexton—Am J M S-1880-17" is entered under the two general headings, "Ear" and "Teeth", the article being almost equally important from either point of view. The headings I always write with ink, as pencil marks would soon become blurred and indistinct by handling with the fingers, in running over the cards to find the one wanted. The other matter may as well be written with pencil, this being somewhat more convenient as a rule and requires no blotting.

The labor of keeping the index up to date, will at first seem considerable, but by a little practice it may be augmented and consulted with such ease and facility that even after a few month's use, no one will be willing to discontinue it.

I will venture one step farther in exposing the Carterian system. The duties connected with a "growing practice" have made it expedient for me to shirk certain clerical work which I was formerly wont to perform. Possibly it was only sheer laziness which prompted me to give up some of my former tasks, but be that as it may my present custom is to jot down the items on a slip of paper, as I read, just as I want them indexed, and my better fractional part, kindly copies them in the index. Thus the ornamental as well as the useful is served, since she can write better than I can. A wife, a sister (yours or some other man's), can be thus deputed to do the indexing (for a consideration, of course), and share its benefits.

As I before remarked, the index will serve a whole family, and can insert his references without interfering with the others. Every well regulated family should have the card-index, and by means of it preserve the valuable literary matter which is being so bountifully distributed among the people by the various scientific, secular and religious periodicals of the day. Let the fragments be gathered up that nothing be lost.

CHAS. H. CARTER, M. D.

1190 Milwaukee Ave.

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NEW YORK, March 27, 1883.

*Editor Peoria Medical Monthly:*

Under the impression that a little gossip from the metropolis may not prove uninteresting to your readers, I will venture to touch, in a more or less desultory manner, upon some matters of current professional interest here.

The undergraduates and recent graduates of the medical schools have gone to their homes and the college doors are closed for the season, with the exception of the "Poly-clinic" and "Post Graduate" medical schools, which are expected to remain open for some time yet. What degree of success the latter ventures have thus far achieved I am not prepared to say. There seems to be quite a considerable number in attendance off and on, and certainly if there is to be anything gained from an abundance of material it ought to be secured here. Hospital and dispensary advantages are both very great, but when they are sought after by so many, great difficulty is constantly experienced in securing those of the greatest value.

It may be a matter of interest to those of your readers who are familiar with the "lay of the land" here, so to speak, to know that some important changes have recently been, and are being made in the best interests of a couple of the leading hospitals. Mount Sinai has been much enlarged by the addition of a large wing, and greatly improved in extra facilities for drainage and ventilation—a monument of enduring worth to the society which sustains it.

The large stone building located at the southern extremity of Blackwell's Island, and until recently used as a smallpox hospital, is being renovated and overhauled preparatory to being used for the maternity department of Charity Hospital, which has outgrown the accommodations of the Charity Hospital building proper. *Apropos* of the contemplated character of the new hospital in Peoria, I might here remark that all patients received for the obstetric wards of Charity are kept in small frame cottages apart from the main building, until convalescence is fully established, thus avoiding as much as possible the septic influences generated and retained within the walls of massive but illy constructed buildings.

From what I have seen I am led to think that the various societies are usually active, and their membership moderately well represented at regular meetings. At a meeting of the New York Academy of Medicine, held on the evening of the 21st inst., a very interesting paper was read by Dr. Dessault of this city upon the subject of Puerperal Septicæmia, advocating the use in such cases of intra-uterine injections of carbolic acid, daily, for an indefinite period, of the strength of one half ounce of the acid to the pint of water, and the internal administration of quinine and stimulants, with concentrated nourishment. A free discussion of the paper was elicited, in the course of which several of those present took occasion to express the opinion that some of the untoward symptoms in the course of the case detailed by the author, by way of illustration, were possibly due to the toxic influence of the carbolic acid used as injection.

The most interesting society meeting which I have had the honor of attending during my sojourn in the city, was that of the New York County Medical Society, held on the evening of the 26th inst.

A very interesting and instructive paper was read by Dr. R. C. Brandeis, a somewhat noted specialist here, upon the subject of "Catarrhal Headaches and Allied Affections." The text was illustrated by several fine anatomical preparations made for the occasion, and was listened to with

marked attention. The author claimed that many of the headaches which we encounter are due to stenosis of the upper nasal cavities, occasioning a retention of excretions in the various sinuses. This stenosis is often the result only of a swollen condition of the lining of the mucous membrane on account of deficient secretion, and if such secretion is re-established the difficulty is remedied. The author had found the most universally useful remedy for this condition to be a combination of carbolic acid, tincture of iodine, alcohol and aqua ammonia, sufficiently diluted with water at the time of using and drawn up into the nasal cavities several times a day until relief was obtained.

I had not been apprised of the generally considered importance of that meeting of the society, and was very much surprised to see the large lecture-room of the College of Physicians and Surgeons, in which the meeting was held, completely filled at an early hour. The matter was soon explained. In the first place, Dr. A. D. Rockwell was to offer resolutions on the death of his illustrious associate, Dr. George M. Beard; and in the second place, three delegates were to be elected to fill vacancies in the State organization.

In proper order appropriate resolutions were offered by Dr. Rockwell, accompanied by some very touching reminiscences of his association with the deceased, and the latter's professional and social worth. A number of other prominent members of the profession offered remarks eulogistic of the departed, after which the resolutions were unanimously adopted.

The next in order of business was the election of delegates. A manifest spirit of determination on the part of those present rendered it certain that now was to come the "tug of war." Nominations were announced to be in order, and soon an array of names were on the black-board, and the nominations declared closed. The ball was opened by one of the "new code" champions, in a somewhat lengthy speech, in which he took occasion to remark that there was no use attempting to disguise the fact that those present

were divided into two "camps," and he begged leave to announce that Drs. so and so (mentioning the names of three of the nominees) would, if elected, represent the principles of the "camp" to which he belonged. [Applause.] As soon as he had taken his seat, one of the champions of the opposition arose to remark that he did not propose to belong to any "camp," but to the regular and legitimate medical profession, and he could assure his hearers that if Drs. so and so (mentioning three others of the nominees) were elected they would do honor to the society by voting first, last and all the time to sustain the code of ethics of the American Medical Association. [Loud applause and a voice from the opposition, "That is *just exactly what we want to know.*"]

The election was proceeded with, and the result of the balloting announced to be the election of the "old code" men, which announcement was received with cheers on the part of the majority and silence on the part of the minority. It is possible that the result of this election will be the overthrowing of the State Society Code, for the reason that the adoption of that instrument was effected by only six majority.

It is astonishing, the amount of opposition that is found here to the American code of medical ethics, amongst many of the most prominent members of the profession. I have had the opportunity of conversing with a number of leading specialists here, who hoot at the idea advanced by many outside the city, that the specialists are the bone and sinew of the new code movement. They claim that their opposition to the old code is based wholly on principle, and argue that even if they *are* called to see the patients of irregular practitioners it can in no sense be considered a consultation, for the reason that they are called as experts, and presumably as such, order what is necessary for the patient without consulting with the attendant. It is claimed by the younger members that many of the greatest sticklers for medical ethics, amongst the older members, are continually in the habit of consulting with Homoeopaths, while they frown down any such action on the

part of the younger. The latter think that what is "food for the goose ought to be food for the gander," and therefore join the most revolutionary of the revolutionists in the cry of "No code whatever."

It is claimed that the members of no other learned profession are bound by any "code," and that no such relic of a benighted age holds sway over the profession in any country of the Old World, and they cannot see why it should be thought necessary in the New. Leading members of the profession are now taking up the discussion of the matter through the metropolitan journals, and soon we shall see what we shall see. More anon.

O. B. WILL, M. D.

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CENTREVILLE, IOWA, March 26, 1883.

*Editor Peoria Medical Monthly:*

DEAR SIR: As you request contributions I thought the following would be of interest to the profession:

I was ordered by telegram, December 27, 1882, to go to Silver Cliff, Colorado, and attend Mr. A. H. Morgan, who had been blown up on Christmas Day in a silver mine by the premature discharge of an unexploded shot of dynamite, which he was working with. I arrived there on the 29th, at 7:50 P. M., and found that the accident occurred at 11 A. M. on Christmas Day, and he was not found until 9 A. M. next day, making twenty-two hours he lay in the mine—one of the coldest nights in that locality this winter—with the right hand blown off, right eye out, left badly injured by gravel imbedded in the corner, face full of gravel, all the teeth on the left side of lower jaw torn out, lip cut, and stone that tore out the teeth imbedded in angle of the jaw, fibula of right leg broken in three places near ankle joint, tibia gashed two inches below tuberosity, one-half inch wide and one inch in length; compound comminuted fracture of femur from two inches above condyles for eight inches; patella fractured in three places. Found five inches of shortening and the lower part of the limb strangulated by a bandage applied from the knee up to the body. The rock being loaded with copper, lead,

arsenic and manganese causes suppuration very soon when in contact with the soft parts.

I first restored the circulation in the limb by friction with alcohol, arnica, myrrh, etc.; then applied plaster paris dressing, which I removed on January 10 and applied silicate soda dressing, with traps for the wounds. On the eighth day gangrene appeared in the stump of the right arm, but by free use of quinia and brandy internally, and bromine freely applied to the parts, succeeded in arresting it. January 11th I put him on a stretcher and started for Centreville, Iowa, where I arrived safe and sound January 13th, in good shape, and at this writing he is running all over the house with a good limb, only one and a quarter inches short, straight and firm. The right eye is now healed, with good stump for artificial cap; left eye well and vision normal; stump of right arm sound and well, and the mouth ready for store teeth to fill up the gap; little, if any, disfiguration of the face. This remarkable success is due in part to the altitude and healthful surroundings, coupled with his good habits and eternal grit. The strange result in this case, so unexpected to his friends, was a surprise to myself, in the fact that I had always been taught that extension and counter-extension were imperative, and even then shortening was the rule, and the less the extension the more the shortening. But in this case no extension or counter-extension was used at all, neither could it be applied, and I moved him on the railroad one thousand miles with safety and ease and no detriment whatever. In that altitude wounds heal kindly and quickly, as it is very dry and the air pure, but very thin for working purposes; and I found some of the best nurses there the country affords, and, strange but true, pure drugs and good stocks. I gave but little medicine, but I fed him well on the best the country afforded and kept the wounds perfectly clean, and all the surroundings were closely watched and disinfected.

R. STEPHENSON, M. D.

**Book Notices.**

**The Pathology and Treatment of Diseases of the Ovaries.** BY LAWSON TAIT, M. D., F. R. C. S., etc. Fourth Edition. Re-written and Greatly Enlarged. Cloth, 8vo.; 358 pages. Wm. Wood & Co., New York. Price, \$3.50.

Mr. Tait needs no extended introduction to American readers. His wonderful success in gynecology has gained for him thousands of admirers on this side of the ocean, and hundreds of followers. This work was first written as the "Hastings Essay" in 1873, and now appears in a fourth edition and greatly enlarged. As an ovariectomist Mr. Tait stands among the first in the world, his latest report being on one hundred and one consecutive cases with only three deaths. He ascribes this result to several causes: increased experience; care; observance of all the details, slight as they may seem. He is not a strict Listerian; in fact, would be called non-Listerian. He uses the ligature generally, dropping the pedicle back into the abdominal cavity. Ether is always used in his operations.

The chapter on recent extensions of abdominal and pelvic surgery is brought up to the present time. Although it has been stated that Mr. Tait was one of Dr. Battey's strongest supporters, yet we notice that he writes very little on the subject, and rather claims that he operated for removal of the ovaries before Dr. Battey. The book is intensely interesting, and will find a place on the shelves of any one who does any gynecology.

**An Index of the Practice of Medicine.** By WESLEY M. CARPENTER, M. D., Assistant Pathologist to Bellevue Hospital, Etc., Etc. Flexible covers, with Tuck. Interleaved. Pages, 304. Wm Wood & Co., New York. Price, \$2.50 and \$3.50.

The beauty of this book as a specimen of the book makers' art attracts the eye at the most casual glance. It is truly "a thing of beauty" and, we believe, can be made "a joy forever." The number of practitioners who, wisely it would seem, do not imagine that they carry everything worth knowing about medicine in their heads, and wish to have a convenient and well-arranged index of medical practice for immediate reference at the house of the patient or in the buggy, is not a small one by any means, and in

the book before us they will find just what will fill the bill. Every second leaf is blank on both sides for notes, prescriptions, suggestions, etc., and when filled will make the book invaluable, since it will contain much original and tested material. The external beauty of the book is by no means its greatest merit. We bespeak for it a wide sale.

**The Diseases of Women. A Manual for Physicians and Students.** By HENRICH FRITSCH, M. D., Professor of Gynecology and Obstetrics at the University of Halle. Translated by Isidor Furst. With 159 Wood Engravings. 8vo., Cloth. Pages, 356. Wm. Wood & Co., New York.

The multiplication of books on Diseases of Women seemingly is to have no end. American and English authors have heretofore given us the most of them, but Germany has now entered the field. The German gynecologists have long had the reputation of being careful, slow, patient and accurate workers in every branch of medical science, and in no branch has this been more conspicuously the case than in gynecology. Wood & Co., in their admirable Library Series, have given us excellent works on this subject from American and English authors, and now they permit us to possess of the best of the German school, and the work of Dr. Fritsch will give a good idea of the present state of the subject in Germany. The author is one of considerable reputation, and his name is frequently referred to by writers, but we believe this is the first time his writings have appeared in our own language.

A comparison of ideas and teachings is good, and this volume fitly follows those of Hart and Barbour.

**The Transactions of the American Medical Association, 1882.** Vol. XXXIII.

The volume is considerably smaller than the one of the previous year. Among the papers contained in it worthy of special notice are: The address of Dr. P. O. Hooper, Acting President; the address of Dr. O. B. Marcy, on "Fibroid Tumors of the Uterus," which is illustrated by thirteen heliotypes; the address on "State Medicine" by Dr. A. Gihon, of the Navy; and one by Dr. C. H. Hughes on the "Rights of the Insane."

**Editorial Department.**

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**Death of Dr. W. H. Brown.**

We have received a letter from Dr. J. P. McClanahan, telling us of the death of Dr. W. H. Brown, of North Henderson, Mercer County, Ill., March 9th, 1883. Many of our readers in this state remember the shooting of Dr. Brown on November 29th, 1882. The cause of the shooting has not yet been positively determined by judicial investigation, but is thought to have been done by his sister-in-law, Mrs. Dr. Stuart.

Dr. McClanahan promises us a full surgical history of this case at as early a date as possible.

Dr. Brown was about twenty-eight years of age, and graduated at Rush Medical College in 1881.

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**Old Patients.**

Curran, being at a party at the seat of an Irish nobleman, one of the company, who was a physician, strolled out into the churchyard. Dinner being served up, and the doctor not returned, some of the company were expressing their surprise where he could be gone to. "Oh," says Curran, "he has just stepped out to pay a visit to some of his old patients."

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**Home Health.**

The first number of our new sanitary journal was issued April 1st, and we have received considerable encouragement. We believe that such a journal can and will do much good, and we hope our friends in the medical profession will do what they can to spread its circulation. We mean by speaking a word in its favor when opportunity offers.

We offer it to subscribers to our MEDICAL MONTHLY at the low price of \$1.00. Physicians take their medical journals; why not add this one to their list for the benefit of their family? We will be pleased to send a sample copy to any one requesting it.

**De Witt County Medical Society.**

At the annual meeting of this society, held in the Council Chamber, in the city of Clinton, on the 10th day of April, 1883, the following officers were elected for the ensuing year:

President—Dr. J. J. Lake.

Vice President—Dr. J. M. Wilcox.

Secretary and Treasurer—Dr. C. Goodbrake.

Censors—Dr. W. H. Kirby, Dr. J. J. Starkey and Dr. J. A. Edmiston.

Delegates to the Illinois State Medical Society—Dr. W. H. Kirby, Dr. A. M. Drew and Dr. J. M. Wilcox.

Delegates to the American Medical Association—Dr. John Wright and Dr. Christopher Goodbrake.

C. GOODBRAKE, *Secretary.*

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**Receipts.**

Our usual list of receipts have been crowded out this month by the large amount of original matter and the index to Vol. III. They will appear as usual next month.

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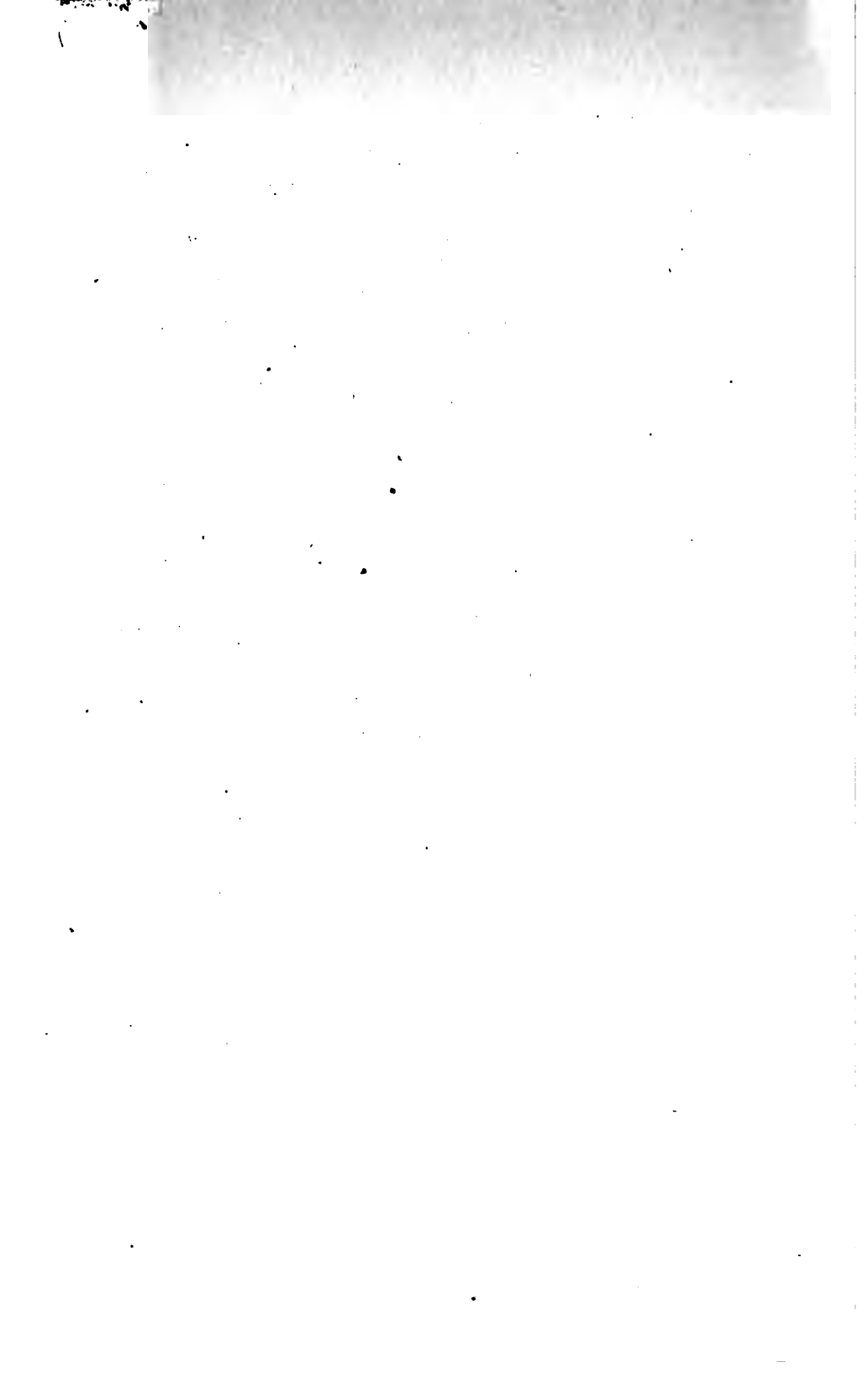
**The Coming Meeting of the Illinois State Medical Society.**

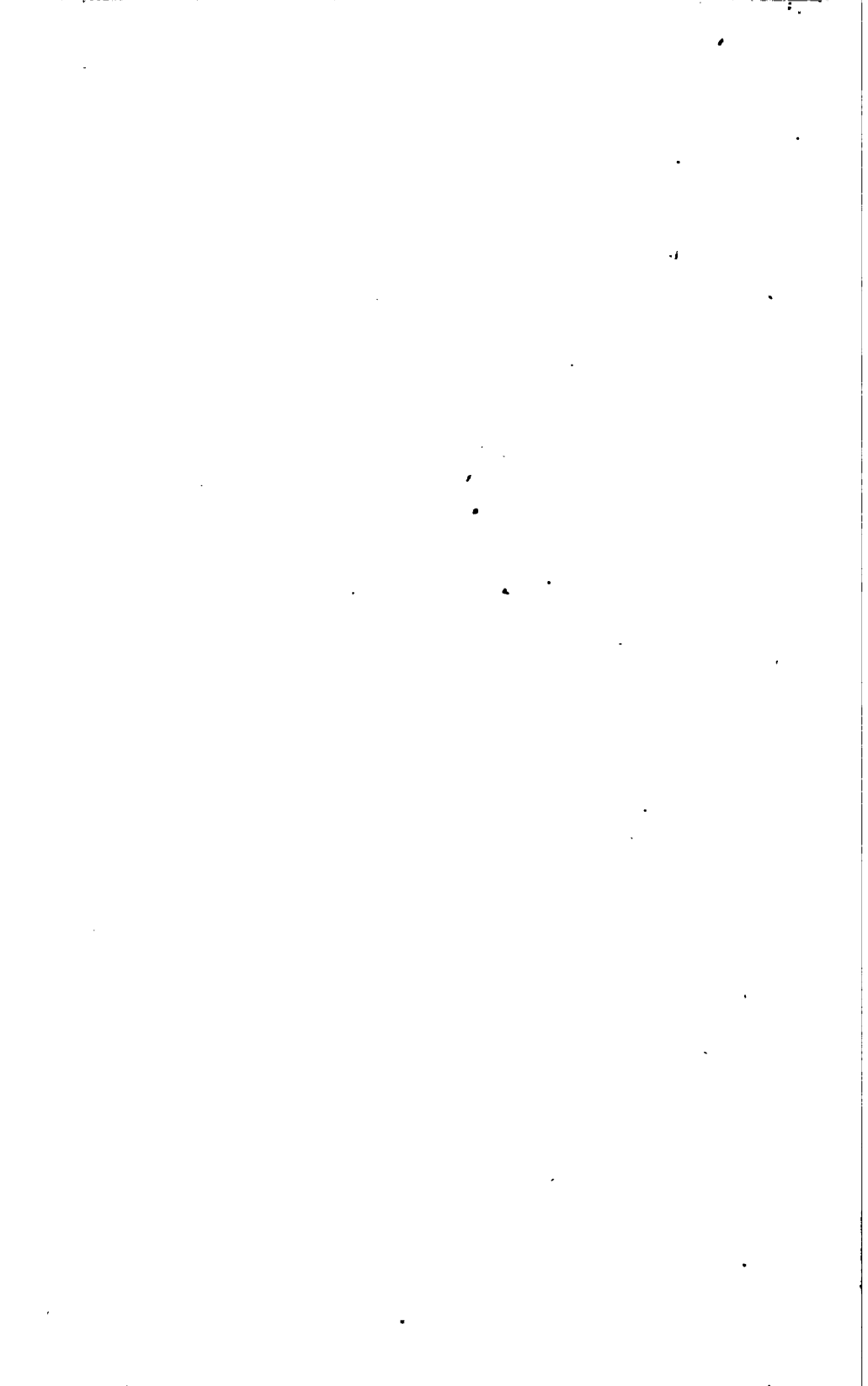
We hope our readers in Illinois will not forget the meeting of our State Society at Peoria, beginning May 15th. Arrangements have not been so fully completed as to permit of our giving the programme in this number, but we can say that everything possible will be done to make the meeting both profitable and interesting. The physicians of Peoria would be pleased to see every old member of the Society present, and many new ones.

Dr. Murphy is at the head of the Committee of Arrangements, and will push the matter with his accustomed vigor. Come on, gentlemen, we will be glad to see you all.

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We begin a series of articles this month from the pen of Dr. R. J. Curtiss on "The Clinical Uses of the Microscope," and we are satisfied that the expectations of those who expect something valuable as well as interesting from Dr. C. on this subject will not be disappointed.









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